| to                                       | 2   |                | 1.            | FOR<br>- STATE<br>REGISTRAR  |                               | DEPA                                 | RTMENT OF I   | E OF MARYLAND<br>BEALTH AND MENTAL HYG<br>TCATE OF DEATH | GIENE 8 Ü   | 3 2  | 371   |
|--|---|----------------|---------------|--|-------------------------------|--------------------------------------|---------------|--|---|--|---|
|  |   |                |               | CEASED NAME FIRST  | T                             | MIODLE                               |               | AST  | 20 DATE OF DEATH  |  | YEAR 2b. HOUR                                 |
|  | moy be<br>poge 3<br>er death  |                | (             | Morri  | Ls                            | -                                    | Acke          | erman  | December  | 9, 1980                                      | 3:00p M                                       |
|  | mo)   |                | 3. SE         | х  | 4 RACE                        | W                                    | 5. DATE (     |  | 6 AGE (IN YEARS LAST BIRT                                 | HDAY) IF UNDER                               | DYEAR IF UNDER 24 HRS                         |
|  | ge 4  |                |               | male   |                               | ite                                  |               | nber 2, 1891   | 89  | YRS.   | data nodes min                                |
|  | P Po  | 1              | 7a B          | RTHPLACE (STATE OR FOREIGN OUNTRY)   | 76 CITIZEN O                  | F WHAT COUNTI                        | RY? 8         | D M NEVER MARRIED  | 9 BALTIMORE CITY O  | R COUNTY OF DEA                              | TH  |
|  | deor  | 5/1/           |               | Russia   | U.                            | S.A.                                 | WIDOWI        |  | Montgomer   |  | MD.   |
| 100                                      | rs offer<br>by the falled   | 100            | Wh            | eaton  | 1131                          | uch facility, give sti<br>Universi   | ty Blv        | or other institution                                     | 120 USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST OF<br>Farmer | F WORKING LIFE) INDL                         | KIND OF BUSINESS OR USTRY                     |
| ND 213                                   | filled in<br>ould be  | 35             | 13a5          |  | ME OR OTHER INSTITUTION OUNTY | 130. CITY OR TO<br>Wheato            | OWN           | 13d INSIDE CITY LIMITS?                                  | 13. STREET ADDRESS  | ersity Blv                                   | rd. W. #604                                   |
| RYLA                                     | tely<br>2 sh  | nine           | 14. FA        | ATHER'S NAME   | WIDDLE                        | LAST                                 |               | 15. MOTHER'S MAIDEN NA                                   | ME  | LE LETALE                                    | tAST  |
| WA                                       | w be w  | 50             |               | Mordecai   | -                             | Ackerma                              | n             | Unknow   |   |  | 1A31  |
| ORE,                                     | ond co  | 0              | 160 \         | VAS DECEASED EVER IN U.S   | S. ARMED FORCES?              | 166 SOCIAL SI                        | ECURITY NO.   | 17 INFORMANT   | ADDRE   | SS   |   |
| W. PRESTON ST., BALTIMORE, MARYLAND 2120 | Poc es  | med            |               | No   | None                          | 139-32                               | -9328         | Molly Ackerma  | an (Wife) Sa  |  | 3.  |
|  | certificating physic  | otic event, th | 10 11 11      | 18 CAUSE OF DEATH (Ent<br>PART I, DEATH WAS CA<br>IMME                                       | AUSED BY:<br>DIATE CAUSE (a)_ | Metas  OR AS A CONSE                 | tatie         | Carlinand  |   | BF   | APPROXIMATE INTERVAL<br>TWEEN ONSET AND DEATH |
|  | the rem   | other troum    |               | Conditions, if ony, whice gove rise to immediate couse (0), stating the underlying cause las | h (b)_e DUE TO. 0             | 61.                                  | cino          | nd of Ci   | olan  |  |   |
| 201                                      | es pl   | y. o.          | Э             | PART 2. OTHER SIGNIFICA  | NT CONDITIONS                 | CONTRIBUTING                         | TO DE ATH BUT | NOT RELATED TO THE TERM                                  | AINAL DISEASE OR CON                                      | DITION GIVEN IN P.                           | ART 1(a)                                      |
| RDS                                      | oguir<br>o sign<br>Then<br>to b   | n n            | NO            | Anomi  | I F                           | ived                                 | history       | hounid   |   |  |   |
| L RECO                                   | no.<br>hos beer<br>permit.<br>ene prior   | Aug Smo        | CERTIFICATION | 19a DATE OF OPERATION  | 196 CON                       | DITION FOR WH                        | ICH OPERATIO  | N WAS PERFORMED  | 20a AUTÓPŠÝ?  | 20b. IF YES, WERE<br>IN CERTIFYING C.<br>YES | FINDINGS USED<br>AUSES OF DEATH?              |
| DIVISION OF VITAL RECORDS,               | Z & SOF   | Hem 18 sh      | -             | 210. ACCIDENT WAS UNDERLYIN<br>OR CONTRIBUTING CAUSE O                                       | OF DEATH HOUR                 | OF INJURY<br>A.M. MONTH<br>P.M.      | DAY YEAR      | 21c. HOW INJURY OCCUR                                    |   |  |   |
| VISION                                   |   | morked or It   | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e PLACI                     | E OF INJURY<br>STREET, FACTORY, OFFI |               | 21f LOCATION<br>STREET                                   | CITY OR TOV   | VN COUN                                      | NTY STATE                                     |
| ā  | aspital or sectors. After the of the sector | 21 is mou      |               | 220.1 certify that (1) (thus sow the deceased alive above, (1) (westellar)                   | e an                          | 12/9 11                              |               | 5/9, 19 79 and that in (my) (aw) opinion                 | death occurred on the de                                  | 2/9 19 80                                    |   |
|  | P P P P P P P P P P P P P P P P P P P   | Hem            | (4)           | 22b. SIGNATURE   | TO NOT VIEW THE BOO           | ly offer death.                      |               | DEGREE   |   |  | DATE SIGNED                                   |
|  | 7 + 7 0   | <u> </u>       |               | 22d PHYSICIAN'S NAME (   | Long                          | honster                              |               | ATTENDING PHYSICIAN 2                                    | MEDICAL STAI  | FF De  | ec/10/80                                      |
|  | ro HOSPITAL<br>retained by the<br>IO FUNERAL<br>should be det   | PORTA          |               | Dr. Norman I   |                               | tein. M.                             | D.            | 11161 New Ha   | ampshire Ave  | . Silver                                     | Spring. Md                                    |
| 3:                                       | らき 日本   | ₹              | 23a.          | BURIAL, CR <del>EMATION</del> , REMO   |                               |                                      |               | EMETERY OR CREMATORY                                     | 23d LOCATION  |  | - P- 2-45 1700                                |
| 00                                       | BP  | 100            |               | Burial   | Dec/1                         |                                      |               | anon Cemetery  | Adelphi.  | Let Con                                      | Maryland                                      |
| DH                                       | IMH - 16 50M 7/7  | 7              | 24 F          | UNERAL DIRECTOR  |                               | ADDRESS                              |               | Date   | E BECO. BY HEOSTRAR                                       |  |   |
|  | (VR A 15 (4))   |                | Ch            | ambers Funera  | al Home                       |                                      | e, Mary       | rland  | <u> </u>  | de Orange es statistica e                    | 1 188   |

| I Ville    | Z DE THE STREET            |                   |              |      |            |
|------------|----------------------------|-------------------|--------------|------|------------|
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| C', (E) 6. |                            | 1                 |              |      |            |
|            | was in the                 |                   |              |      |            |
| Annacudin  | _ adtg Z, v. v. co.,       | 7.003130130130103 | C \          | \o   | Infinit    |
|            |                            |                   | col_entrevil |      | US and the |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME TO DATE KNOWN DE MONTH Dorothy Acorm TTYPE OR PRINT) OF ESTI-Carm SEX 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 1893 87YRS July 1. White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED T DIVORCED Penna. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker At Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5608 Western Avenue NO [ Montgomery Chevy Chase 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Dashiell Alexander Anna Mary Stoneroad 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES 220-44-5059 Gerald W. Vesper, 1815-HI St., NW. Wash., 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY on tusion DUE TO, OR AS A CONSEQUENCE OF Fracture - Left Parretal. Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Trauma From Fall PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o Piration. Pha umonia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 9 YES NO NO FORWARDED TO THE C.

NE. PAGE 3 SHOULD BE
HE STATE DEPARTMENT C.

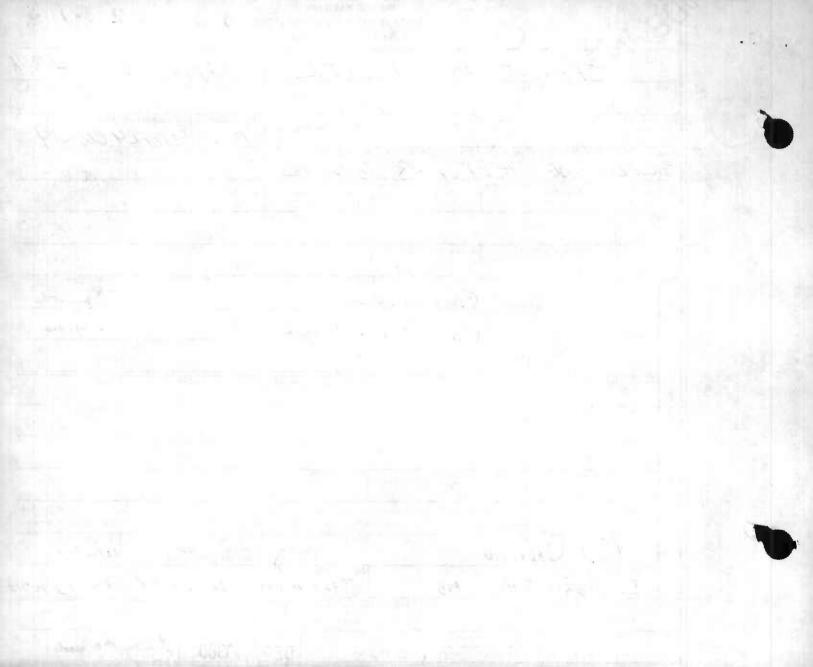
2 1201 PRIORITO BURIAL 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MAN. MONTH DAY YEAR UNDERLYING OR MEDICAL P.M. 12 - 23 1980 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WORK HE MY. 220. I certify that I took charge of the remains described above, held an death resulted fram: Hamicide EXECUTE I.
PAGE 4 SHO.
TO FUNERAL DIR.
\*TER DEATH. W.
\*\*WORE. MA/\*\* Dec 25,1980 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John G. Ball Bethesda, Montgomery Co., Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE Burial 12/29/80 Glenwood Cemetery Washington, D.C. DATE RECON REGISTRATE THE DESCRIPTION OF THE PROPERTY OF THE P 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. **DHMH-17** (VR A15 ME (5)) 5130 Wisconsin Ave., NW, Washington, D.C. 20016 15M 7/77

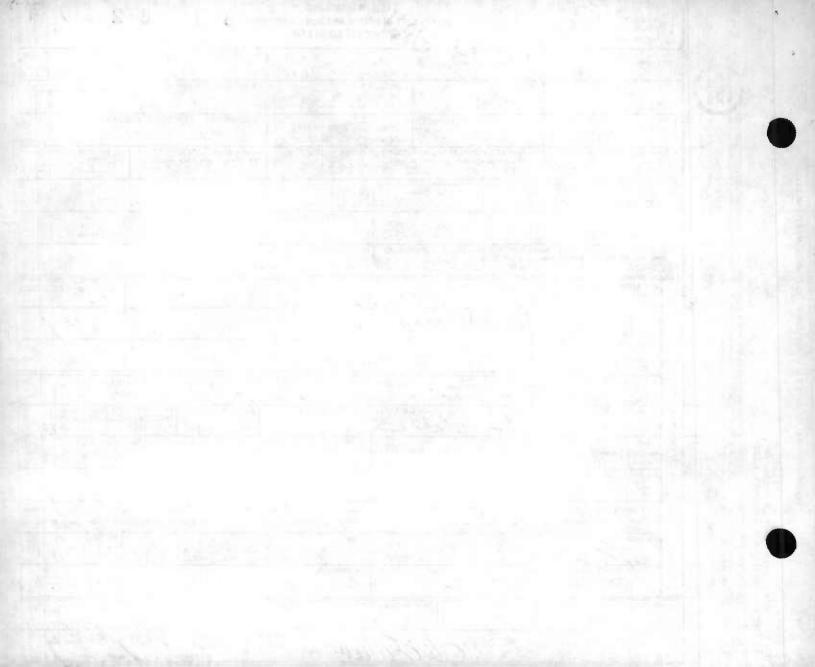
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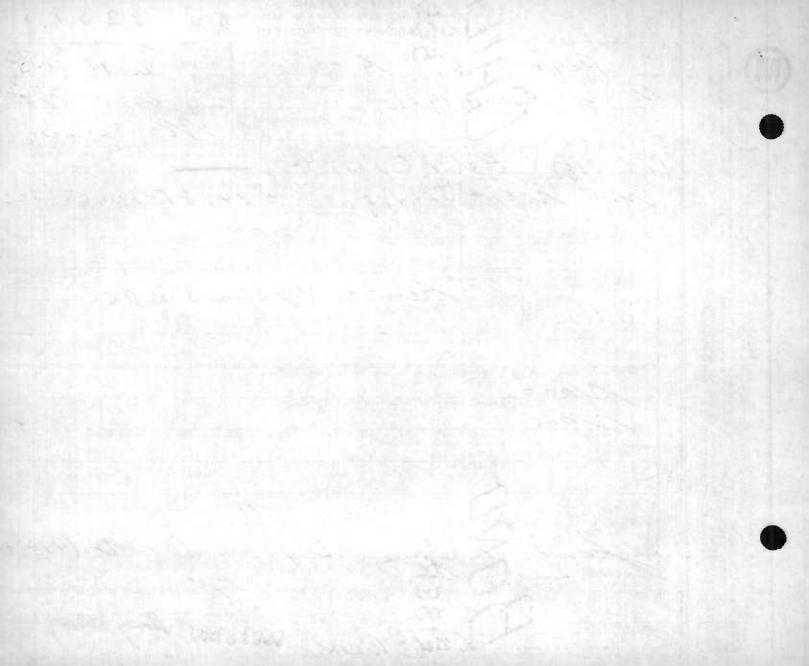
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Surini 12/2/0 Clambor Joseph Literator, J.C., Joseph Louise ton, J.C., Joseph Louise ton, J.C., Joseph Louise ton, J.C., Joseph Louise ton, J.C., J.C., J.C., Louise ton, J.C., J.C., Louise ton, J.C., J.C., Louise ton, J.C., J.C., Louise ton, J.C., J.C., J.C., Louise ton, J.C., Louise ton

| 6.   | 1.             | FOR<br>STATE<br>REGISTRAR  | · DEPART   | STATE OF MARYLAN<br>MENT OF HEALTH AND MI<br>CERTIFICATE OF DE | ENTAL HYGIENE 8 0                             | 3 2 3 7 3  |
|--|----------------|--|--|--|---|--|
| vey be<br>ouge 3<br>death  |                | CEASED NAME FIRST OR PRINTS  | NF MIDDLE  | ALL DER  | 26 DATE OF DEATH                              | MONTH DAY YEAR 25. HOUR 39/M  (6/80 4439/M  RIHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS                    |
|  | 76 BI          | FEMALE   | WHITE COUNTRY?   | DEC 19,1909  MARRIED IX NEVER MA                               | 7 O RAITIMORE CITY                            | YRS. DAYS HOURS MIN  |
| urs all liby the cod will library  | N 10 C         | ISSOURI<br>TY OR TOWN OF DEATH   | 1. NAME OF MOSPITAL, NURSING (# NOTA) SUCH FACILITY, GIVE STREET | WIDOWED DIVO   | UTION 12ª USUAL OCCUPA (TYPE OF WORK FOR MOST | OF WORKING LIFE) INDUSTRY  |
| uthin 24 ho  | USU.<br>13a. S | AL RESIDENCE (IF NURSING HOME OR O<br>TATE 130 COUNT<br>ARYLAND PRINC<br>THER'S NAME   | Y I3c CITY OR TOW  | /N 134 INSIDE CIT  | VLIMITS? 13. STREET ADDRESS                   | ADVISOR PHILLIPSBOR<br>OOKS DRIVE  |
| completel<br>1 and 2 sh  |                | CARL   | FRANKE   | MA.  | ST MIDDLE FIL                                 |  |
| e be exe   |                | VAS DECEASED EVER IN U.S. ARMI<br>ES, NO OR UNKNOWN) (IF YES, GIVE W   | AR OR DATES  |  | IAM R. ALLDER                                 | HUSBAND  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| aw requires that the death cert<br>een signed by the attending ph<br>Then please remove carbon pa<br>or to burial, cremation, or rem<br>any injury, or other traumatic | NOI            | PART I DEATH WAS CAUSED IMMEDIATE  Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO  | DUE TO, OR AS A CONSEOU  (b)                                     | ime of Jun   | O THE TERMINAL DISEASE OR COI                 | 3 month<br>2 years   |
| The I  | CERTIFICATION  | 19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  | 196. CONDITION FOR WHICH   |  | AED 20a AUTOPSY?  YES NO                      | 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \) NO \( \text{NO} \) |
| IG PHYSICIAN Iding physician. er this certificat e burial-transit p nd Mental Hygii ked or Item 18   | MEDICAL CI     | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  214. IN JURY OCCURRED   |  | AY YEAR 19 211 LOCATION  |   |  |
| TTENDIN<br>of or atten<br>TOR: Aft<br>use as th<br>i Health a<br>21 is mar   | ×              | WHILE AT WORK AT WORK  22a I certify that (I) (this hospital sow the deceased alive on the decease of the decease | I) ottended the deceosed from                                    |  | 19, to  |  |
| TO HOSPITAL STITEN retained by the hospital or a TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Health MPORTANT: If I tem 21 is                |                | 226. SIGNATURE  226. PHYSICIAN S NAME OF OR  | CO. Co                       | DEGREE<br>AT<br>PH<br>22e ADDRESS                              | DIRECTOR PHYS                                 |  |
| TO HO TO FUI should!   | 23a. 6         | I SIDNEY  URIAL, CREMATION, REMOVAL  PECHY) CREMATION  | 23b. DATE 23c.   | NAME OF CEMETERY OR CR<br>ETROPOLITAN C                        | EMATORY 23d LOCATION                          | ANDRIA COUNTY VIRGINITA  |
| DHMH-16 25M<br>(VRA 15, 4) 1/79  | 24. FI         | IN ISSAN DIRECTOR  | S J. COLLINGRESS   |  |   | R 25b. PS DISTRAR'S SIGNATURE  |



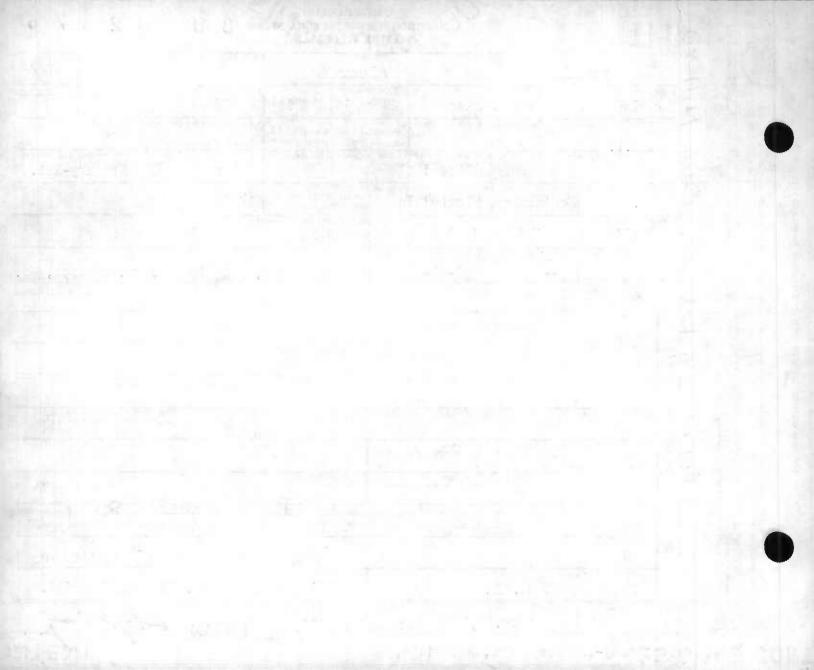




STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79



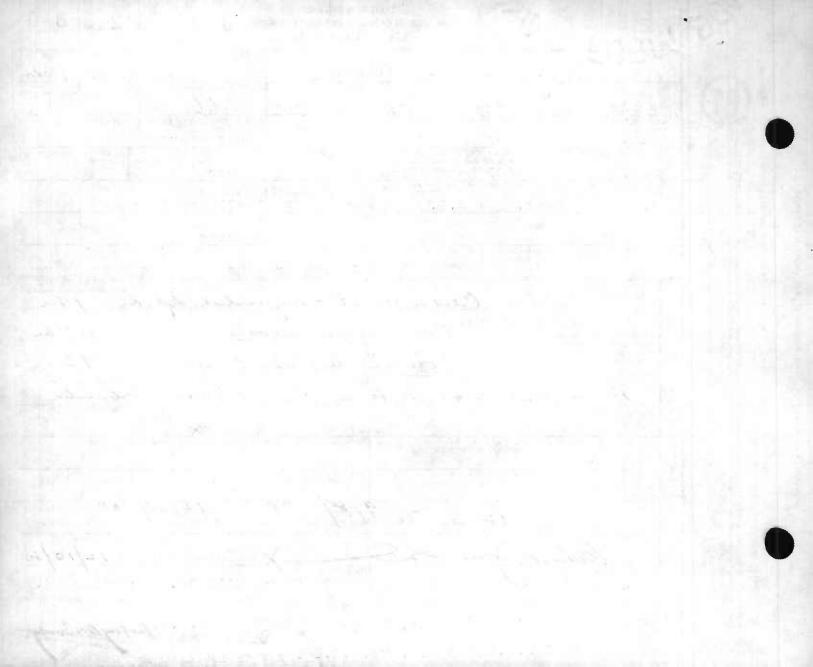
|   |   | 1 -           | FOR<br>STATE<br>REGISTRAR  | STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 2 3 7 7  CERTIFICATE OF DEATH  REG. NO. |   |  |   |  |  |  |  |  |  |
|---|---|---------------|--|--|---|--|---|--|--|--|--|--|--|
|   |   |               | CEASED NAME PRINT)   | Hel -  | msellem                                       | 20 DATE OF DEATH DON'TH                    | 8 1980 7151   |  |  |  |  |  |  |
|   | 1   | 3 SE)         | Female   | White  | April 1, 1904                                 | 6. AGE (IN YEARS LAST BIRTHDAY)            | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.                          |  |  |  |  |  |  |
| M   | 70 BIRTHPLACE (STATE OR FOREIG COUNTRY) MOTOCCO |               | OUNTRY)  | 7b. CITIZEN OF WHAT COUNTRY?  France   | MARRIED NEVER MARRIED WIDOWE MARRIED DIVORCED | RAITIMORE CITY OR COUNTY OF DEATH          |   |  |  |  |  |  |  |
| 1   | .8  | 5             | TY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NURSING  (IF NO IN SUCH FACILITY, GIVE STREET AD                                   |   | (TYPE OF WORK FOR MOST OF WORK)  Housewife | NG LIFE) 12B. KIND OF BUSINESS OF   |  |  |  |  |  |  |
| must be   | BF  | 13a S<br>Ma   | aryland Mon  | r other institution give residence before a<br>NTY 13c CITY OR TOWN<br>tgomery Potomac                   | 13d. INSIDE CITY LIMITS?                      |  |   |  |  |  |  |  |  |
| ekamine<br>*  | 50  |               | Joseph   | Attia  | Rena  | WIDDLE                                     | Serfati   |  |  |  |  |  |  |
| of.<br>the medical  | 1   |               | (AS DECEASED EVER IN U.S. AF<br>es, no or unknown) (IF yes, GI<br>NO -   | PARED FORCES? 166 SOCIAL SECURI<br>VE WAR OR DATES) 216–68–12  |   | ADDRESSPO<br>nsellem; 12816                | otomac, Md.<br>6 Huntsman Way   |  |  |  |  |  |  |
| buriol, cremotion, or remo<br>ry, or other troumatic ever | 1 A00 CA  |               | Conditions, if ony, which gove rise to immediate couse (o), storing the underlying cause lost.  PART 2. OTHER SIGNAFICANT                    | DUE TO, OR AS A CONSEQUEN  (b)   | Sing (erbro                                   | MANGE ASE OR CONDITION                     |   |  |  |  |  |  |  |
| ows ony inju  | 0   | CERTIFICATION | Orderes<br>190. DATE OF OPERATION  | 196 CONDITION FOR WHICH O  | PERATION WAS PERFORMED                        |  | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)         |  |  |  |  |  |  |
| nond Mental Hygir<br>rked or Item 18 sho                  | 9   | MEDICAL CER   | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | AIR  | YEAR 19 211. LOCATION                         | URRED (ENTER NATURE OF INJURY IN ITEA      | N 18 PART I OR PART 2)  |  |  |  |  |  |  |
| tate Dept. of Health                                      |   |               | sow   desed of ve or<br>obov   11   e   (did) (did no<br>22b. SIGN Hall  | ital) attended the deceased from  19 1) view the body after death  | DEGREE ATTENDING PHYSICIAN                    |  | , 19, that (I) (we) lo<br>d hour and from the couses stated<br>22c. DATE SIGNLO |  |  |  |  |  |  |
| with the State  | 1   |               | 220 PHYSICIAN'S NAME LIVE  | GA646  | 720. ADDRESS 57                               | OSKOJOA N                                  | no soul   |  |  |  |  |  |  |
| , 5   |   | (             | urial, cremation, removal<br>specify <br>Burial  | 12-9-80 Geo  | one of cemetery or cremator washington        | Cem. Hyattsvi                              |   |  |  |  |  |  |  |
| 2/80  |   |               | INERAL DIRECTOR DZansky-Goldber  | Ro<br>Ro Chapels: 11970 R  | ockville, Md. 250.0                           | ATE REC'D. BY REGISTRAR 256. RE            | GISTRAR'S SIGNATURE   |  |  |  |  |  |  |

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SIN SERVICE OF THE SERVICE - 1-11 no.gow favet men-inc syled allog tish sales wanti evilent dont omeny Sil. Suc. x ... tull - old dont omen eviel alfol-11 V=2 MUXT 500-21-102 - C-.ol. himsersylv Subje. E-Kara-va ipa en 240 - E-karastin Espeta init inte-interestin en

| $\rightarrow$  |  |                         | 1 -           | FOR<br>STATE                          |                |                    | DEPARTA                 | MENT OF H     | EALTH AND MENTAL HYG          | IENE 8 O                              | 3 2                 | 2 3 7  | 19              |
|--|--|-------------------------|---------------|---------------------------------------|----------------|--------------------|-------------------------|---------------|-------------------------------|---------------------------------------|---------------------|--|-----------------|
|  |  | 17.4                    |               | REGISTRAR                             |                |                    |                         | CERTIF        | ICATE OF DEATH                | REG. N                                | 10.                 |  |                 |
|  | m 5  | 200                     | 1. DEC        | CEASED NAME                           | FIRST          | ٨                  | AIDDLE                  | 1             | AST                           | 2a. DATE OF DEATH                     | MONTH DA            | Y YEAR   | 26. HOUR        |
|  | ay be  |                         |               | N/A                                   | de             | omas Antoniadis    |                         |               | iAdis                         | THE STATE OF                          | 12 2                | 80   | 1105 M          |
|  | De de de   |                         | 3 SEX         |                                       |                |                    |                         |               | OF BIRTH                      | 6. AGE (IN YEARS LAST BE              |                     |  | IF UNDER 24 HRS |
|  | ge 4   | 1                       |               | Male                                  |                | Whit               |                         | Feb           | 20 1915                       | 65                                    | YRS                 | ONTHS DAYS   | HOURS MIN       |
|  | Sol M  | 7)                      |               | RIHPLACE STATE OR FOR                 | REIGN          | Th CITIZEN OF      | WHAT COUNTRY?           | 8<br>AAA DDIE | DE NEVER MARRIED              | 9. BALTIMORE CITY                     | OR COUNTY           | OF DEATH   | 4               |
|  | to 1   |                         | V             | Greece                                | 1500           | Visa               | ant                     | WIDOWE        |                               | MONT                                  | Gome                | rel  | MD.             |
|  | 24   | 9                       | 10. CI        | TY OR TOWN OF DEAT                    | Ή              | TI. NAME OF H      | FACILIY, GIVE STREET    | IG HOME C     | OR OTHER INSTITUTION          | 12a USUAL OCCUPATION OF WORK FOR MOST | ON                  | 126. KIND OF   | BUSINESS OR     |
| -0   | s of   | 200                     | S             | IVER. SOC                             | PIN            | A A                | DIV                     | CASS          | Ancoital                      | Shoemak                               | er Sel              | f-Emp  | loved           |
| 212  |  | pe pe                   | USU/          | AL RESIDENCE (I) NURSIN<br>TATE       | IG HOME OR     | OTHER INSTITUTION, | GIVE RESIDENCE BEFORE   | ADMISSION)    | 13d. INSIDE CITY LIMITS?      | 13e. STREET ADDRESS                   |                     |  |                 |
| Q.   | filled<br>ould b                                 | (C)                     | M             | d                                     | Mo             | nt .               | S.S.                    | N             | YES TO NO [                   | 8405 16t                              | h Stre              | eet .  |                 |
| YLA  | ithin<br>tely<br>2 sh                            | ine                     |               | THER'S NAME                           |                |                    |                         |               | 15 MOTHER'S MAIDEN NA         | WE                                    |                     |  |                 |
| MAR  | and a solution                                   | S S                     | An            | tonio                                 | '              | A:                 | ntoniad                 | is            | Anastasia                     | WIDDLE                                | Mega                | lomat:   | i               |
| RE.  | 5 0-   | co                      | 16a V         | AS DECEASED EVER IN                   |                |                    | 166 SOCIAL SECU         | RITY NO.      | 17 INFORMANT Same             | as above                              | <b>E</b> SS         |  |                 |
| WO   | e e e e e e e e e e e e e e e e e e e            | , the medical           | (1            | None                                  | I IF YES, GIVE | WAR OR DATES       | 577 80                  | 7198          | Despina Ant                   | oniadis                               | (Wife)              |  |                 |
| BALTIMORE, MARYLAND 21201 cote be executed within 24 hours or system and completely filled in the opers, Pages 1 and 2 should be illeg | o 000  |                         |               | 18 CAUSE OF DEATH                     | i Enter on     | ly one rouse per   |                         |               |                               |                                       | <u> </u>            | APPROXIMA  | ATE INTERVAL    |
| :  | physic noop                                      | rent.                   |               | 18 CAUSE OF DEATH<br>PART I. DEATH WA |                | D BY:              | ERSIS                   | 3 16          |                               |                                       |                     | BETWEEN ON   | SET AND DEATH   |
| N ST   | rent rent  | uriol, cremation, or re |               | 16260                                 | MMEDIAI        |                    |                         |               |                               |                                       |                     |  |                 |
| PRESTON  | tend<br>re co<br>on, c                           |                         |               | Conditions, if ony,                   | which          |                    | RAS A CONSEQUE          |               | CT INFECTION                  | V                                     |                     | 100 100  |                 |
| 84   | he de<br>emov                                    |                         |               | gave rise to imme                     | ediate         |                    |                         |               |                               |                                       |                     |  |                 |
| 3.   | by the   |                         |               | underlying cause                      |                | DUE TO, OF         | AS A CONSEQUE           | NCE OF        | EFT HEM                       | RUFGIA                                |                     | 10.77  |                 |
| DIVISION OF VITAL RECORDS, 201   | pled t   |                         |               | PART 2 OTHER SIGNI                    | FICANTO        |                    |                         |               |                               |                                       | NDITION GIVE        | N IN PART 1(0)   |                 |
| RDS,   | sig<br>Then<br>to b                              | No lu                   | NO            | soverali-                             | Del A          | reviosa            | Corpsis;                | helt          | NOT RELATED TO THE TERM       | preumoth                              | D-CCUS;             | sayie  | we              |
| Ö  | beer mit.  | oux                     | ATI           | 190 DATE OF OPERALL                   | ON             | 196. CONDI         | TION FOR WHICH          | OPERATIO      | N WAS PERFORMED               | 20e AUTOPSY?                          | 1706. IF YES.       | WERE FINDING   | GS USED         |
| I RE   | 9 5 5  | Show Shows              | CERTIFICATION | 11-2-81                               | )              | GANG               | RENE, LE                | EFT           | LEG                           | YES NO                                | YES                 | ING CAUSES O   | NO []           |
| Z Z  | Z S S O T  | \$ ()                   | CER           | 21a ACCIDENT WAS UNDE                 |                |                    |                         | WE AR         | 21c. HOW INJURY OCCURE        | 45.4                                  | URY IN ITEM 18, PAR | RT 1 OR PART 2)  |                 |
| OF   |  | Hem                     | AL            | OR CONTRIBUTING CA                    |                | TH HOUR A./        |                         | 19            |                               |                                       |                     |  |                 |
| NO<br>O  |  | ž ,                     | MEDICAL       | 21d INJURY OCCURRE                    |                | 21e PLACE O        | OF INJURY               |               | 211. LOCATION<br>STREET       |                                       |                     | 601111N  |                 |
| VISI   | G Planter  | morked                  | ¥             | WHILE NOT WHILE                       | LE 🗆           | AT HOME, STR       | EET, FACTORY, OFFICE, F | ARM, ETC.)    | SIKEEI                        | CITY OR TO                            | WN                  | COUNTY   | STATE           |
| ۵  |  |                         |               | 220.1 certify that                    | this hospit    | tol) ottended the  | deceased from_          | JAN           | 110 19 80                     | to DEC.                               | 21                  | 9 80 , th  | ot @(we) last   |
|  | m 0 0  | 21 is                   |               | sow the deceased                      |                |                    |                         | 10 .01        | nd that in (my) (our) apinion | death occurred on the                 | date and hour       | and from the co  | ouses stated    |
|  | R P P P  | e<br>e<br>E             |               | 22b. SIGNATURE                        | 7010 110       | Ti view the body   | orrer deam.             |               | DEGREE                        | And the second                        |                     | 22c. DATE S  | IGNED           |
|  | , 4 , 4 4  | *                       |               | men                                   | anor           | am, n              |                         |               | ATTENDING PHYSICIAN           | MEDICAL STA                           | AFF<br>ICIAN []     | 12-  | 2-80            |
|  | HOSPITAL<br>ined by th<br>FUNERAL<br>old be deto | Z                       |               | 226 PHYSICIAN'S NA                    | ME (TYPE O     | R PRINT)           | 135                     | 777           | 22e ADDRESS                   |                                       |                     | uc lin   |                 |
|  | HOSE<br>Ined<br>FUN<br>wid b                     | MPORTANT                |               | JOHN B                                | .NA            | fou. M             | 0                       |               | 800 BERSHING                  | . DR. SILVE                           | de stri             | ולטן העוש.   |                 |
| 7  | TO HC  | ₹                       | 23a. B        | URIAL, CREMATION, R                   |                |                    |                         | NAME OF C     | EMETERY OR CREMATORY          | 23d LOCATION                          |                     |  |                 |
| 0  | BP_  |                         | - 63          | urial                                 |                | 12/6/              |                         |               | f HeavenEC                    | CITY OR TOWN                          |                     | ont.   | STATE<br>Md.    |
|  | DHMH - 16 50M 7/7                                | 7                       |               | INERAL DIRECTOR                       |                |                    |                         | are (         | I Heave                       | REC'D. BY REGISTRA                    | 256. REGISTR        | AR'S SIGNATUI  | RE              |
|  | (VR A 15 (4))                                    |                         | Hi            | nes/Rina                              | ldi            | F.H.11             | 800 N.H                 | .Ave          |                               | Kukh                                  | 3000                | 11   |                 |
|  |  |                         |               |                                       |                |                    |                         |               |                               | 200                                   |                     | The same of the sa |                 |

TO LED BURNON E ULC 1220 MARS DE TEN DETERMENT DE LE PRESENTATION DE L No. 1, 1985 Annual Control of the Co



H. BarbER Laytonsville Md.

FOR - STATE

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH MONTH 26 HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS YEAR 8.11.1900 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY 12h WIND OF BUSINESS OR INDUSTRY Cla.M 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO S 2701 Norbec 15. MOTHER'S MAIDEN NAME MIDDLE SOOTON **ADDRESS** Atwill III Walter Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Carcinoma of colon 3 mo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 12.24.80 22e ADDRESS 18111 Prince Philip Dr.OLNEY, Md. 20832 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Dzc. 24,1980 Cremator Washington, 25a DATE REC'D. BY REGISTRAR IN 20760

DHMH-16 30M 2/80

(VRA 15, 4)

24 FUNERAL DIRECTOR

STATE OF THE PARTY OF THE ASSESSMENT OF THE PARTY OF THE 

DHMH - 16 50M (VR A 15 (4)

| - 61 |               | EASED NAME  | FIRST                            | MIDDLE  |                              | AST                              | REG. NO.  20. DATE OF DEATH MONTH                              | DAY YEAR                     | 26 HOUR                       |  |  |  |
|------|---------------|---|----------------------------------|---|------------------------------|----------------------------------|--|------------------------------|-------------------------------|--|--|--|
| 1    | (TYPE C       | PRINT)  | Erne                             | st A.   | At                           | wood                             | 12   | 05 80                        | 1:20                          |  |  |  |
| 1    | 3 SEX         |   |                                  | RACE  | 5. DATE (                    |                                  | 6 AGE (IN YEARS LAST BIRTHDAY)                                 | IF UNDER 1 YEAR              | IF UNDER 24                   |  |  |  |
| L    |               | Male  |                                  | Caucasian   |                              | v 25 1905                        | 75   | MONTHS DAYS                  | HOURS                         |  |  |  |
|      | CO            | THPLACE (STATE OF UNTRY)  New Yor   |                                  | USA   | TRY? 8                       | D NEVER MARRIED                  | 9 BALTIMORE CITY OR COL<br>Montgomery                          | UNTY OF DEATH                |                               |  |  |  |
|      |               | lney  |                                  | 1. NAME OF HOSPITAL, NI<br>MON TOOMEY               |                              |                                  | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Executive |                              | rtis:                         |  |  |  |
|      | 130 ST        | ryland  | 13P CON                          |   | BEFORE ADMISSION) TOWN eaton | 13d INSIDE CITY LIMITS? YES NO 🔀 | 3706 Fairly  | y Street                     |                               |  |  |  |
| 1    | 14 FAT        | HER'S NAME<br>Louis   | A. **                            | Atwood LAS  |                              | Myrtle                           | MIDDIE   | Covey                        |                               |  |  |  |
|      |               | AS DECEASED EVE<br>s, no or unknown)<br>No                                | R IN U.S. ARM                    | WAR OR DATES)                                       | SECURITY NO. <b>9</b> 4749   | Vivian At                        | Rocheste<br>wood 301 Bro                                       |                              |                               |  |  |  |
| ſ    |               | PART I. DEATH   | WAS CAUSED                       | one cause per line for ja), (I                      | spreal                       | 1 Metasta                        | 292  |                              | MATE INTERVAL<br>ONSET AND DE |  |  |  |
|      |               | Canditions, if an<br>gave rise to in<br>cause (a), stat<br>underlying cau | mmediate<br>ting the<br>ise last | DUE TO, OR AS A CONS                                |                              | NOT RELATED TO THE TERM          | F He lunc  | N GIVEN IN PART 10           | 0                             |  |  |  |
|      | CERTIFICATION | 90 DATE OF OPER   | RATION                           | 19b CONDITION FOR W                                 | HICH OPERATIO                | N WAS PERFORMED                  |  | IN CERTIFYING CAUSES OF DEAT |                               |  |  |  |
|      | ICAL CER      | 210 ACCIDENT WAS U<br>OR CONTRIBUTING (IF EITHER, NOTIFY MED              | CAUSE OF DEAT                    | 21b. TIME OF INJURY<br>HOUR A.M. MONTH              | DAY YEAR                     | 21c. HOW INJURY OCCUR            | RED (ENTER NATURE OF INJURY IN ITE                             | m 18, PART 1 OR PART 2)      |                               |  |  |  |
|      | MED           | WHILE NOT AT WORK   | WHILE WORK                       | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, O | FFICE, FARM, ETC.)           | 211. LOCATION<br>STREET          | CITY OR TOWN   | COUNTY                       | STAT                          |  |  |  |
|      |               | sow the deced   | sed alive on_                    | il) attended the deceased f                         |                              | nd that in (my) (our) opinion    | , ta<br>death occurred an the date on                          |                              | that (I) (we<br>causes state  |  |  |  |
|      |               | 226. SIGNATURE  | Imi                              | namh  | p                            | ATTENDING PHYSICIAN [            | MEDICAL STAFF DIRECTOR PHYSICIAN                               | 22c. DATE                    | SIGNED                        |  |  |  |
|      |               | 22d. PHYSICIANS   | NAME (TYPE OR                    | PRINT)  | ^                            | THE ADDRESS                      |  |                              |                               |  |  |  |
|      |               | 22d. PHYSICIANS   | J.                               | Minarcik,   | 23c, NAME OF C               | EMETERY OR CREMATORY             | 23d. LOCATION<br>CITY OR TOWN                                  | COUNTY                       |                               |  |  |  |

STATE OF MARYLAND

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STATE OF MARYLAND

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Furial 12/5/80 Forest Cax Cemetery Gaithersburg, Maryland Tyson heeler Fureral Mome, Inc.
1331 Fockville Fixe Cockville, Maryland

notified

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH 2h. HOUR (TYPE OR PRINT) ANTON F. AUTH 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS NOUNT 27. 7907 73 WHITE MALE BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED MONTGOMERY WASHINGTON. D. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR SILVER SPRING WHOLESALE. MEAT PURVEYOR 11725 KEMP MILL ROAD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE | 13b. COUNTY | 13c. CITY OR TOWN 130 STREET ADDRESS 11725 KEMP MILL ROAD

MONTGOMERY MARYLAND 4. FATHER'S NAME

I MAS DECEASED EVER IN U.S. ARMED FORCES?

FRANK

CERTIFICATION

MEDICAL

80

MPORTANT

(YES, NO OR UNKNOWN)

MIDDLE

I (IF YES, GIVE WAR OR DATES)

SILVER SPRING

AUTH

166 SOCIAL SECURITY NO

KATHERINE 17 INFORMANT

KRAUS

SAME AS 13

WIFE

578-05-2230 HELEN AUTH NO APPROXIMATE INTER 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

P.M

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

211. LOCATION

CITY OR TOWN

NO

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

20h, IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?

STATE

NO [

NOT WHILE 220 I certify that (1) (this hospital) ottended the de deoth occurred on the date and hour and from the couses stated above, (1) (we) (did) (d-d-ot) view the body ofte

224 PHYSICIAN'S NAME (TYPE OF PRINT)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22e. ADDRESS SILVER SPRING. MARYLAND

ATTENDING

PHYSICIAN

STAFF

22c, DATE SIGNED

WILLIAM D. 23a BURIAL, CREMATION, REMOVAL

BURIAL

23c. NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN

DEGREE

23d LOCATION SILVER SPRING

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR FRANCIS J. COLLINS. 500 UNIV. BLVD. W. SILVER SPRING, MARYLAND

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AT HITHER SA Communication of from a continue 11 Startedon Loy select for the second William Francis Com Francis 13/20/80 DEC 22 1980 Juney property

at another falcher on it has been govern the second secon the state of the state of the same at the same

|  | MI  |  | 15  |
|--|---|--|---|
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affilted the retained by the hospital or ottending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending plynicun and compilers filled in by the should be detached for use as the burial-transit permit. Then please remaye corbanapates. Page 1 and 2 hould be filed with a should be in the State Dept. of Health and Mental Hygene prior to burial, crematian, or removal. | IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event. The medical exactly as may be not leader |
|  | F- E  | - 11   | -4  |

| 1.            | FOR<br>- STATE<br>REGISTRAR   |                           | DEPARTM                             | NENT OF H                          | E OF MARYLAND<br>LEALTH AND MENTAL HYG<br>ICATE OF DEATH   | REG. NO                               | 3 2                 | 2 3   | 8 6                        |  |
|---------------|---|---------------------------|-------------------------------------|------------------------------------|--|---------------------------------------|---------------------|---|----------------------------|--|
|               | CEASED NAME FIRST Carl  |                           | DDIE                                |                                    | AST  | 20 DATE OF DEATH                      | MONTH DAY           |   | b HOUR                     |  |
| 3. SE         |   | A RACE Whi                |                                     | 5. DATE O                          | DAY YEAR   | 6 AGE (IN YEARS LAST BIRT             | HDAY) IF UP         |   | F UNDER 24 HRS. HOURS MIN. |  |
| 1             | IRTHPLACE (STATE OR FOREIGN COUNTRY)  D.C.  ITY OR TOWN OF DEATH  | 76 CITIZEN OF W           | HAT COUNTRY?                        | 8.<br>MARRIE<br>WIDOWE<br>G HOME C | D NEVER MARRIED  | 9. BALTIMORE CITY O                   | COUNTY OF COMERY    |   | MD<br>BUSINESS OR          |  |
| USU           | AL RESIDENCE (IF NURSING HOME) STATE Florida  | NTY                       | 13c. CITY OR TOWN                   | ADMISSION                          | Center  13d INSIDE CITY LIMITS?  YES NO  | Proprieto:                            |                     | Blvd.   |                            |  |
| 1             | ATHER'S NAME FIRST Paul   | MIDDLE A.                 | Bachsch                             |                                    | 15 MOTHER'S MAIDEN NA. FIRST  Johanna  | WIDDIE                                | Pe                  | cast<br>Ogonse  | e                          |  |
|               | WAS DECEASED EVER IN U.S. AF<br>YES, NO OR UNKNOWN) (#F YES, GI   | VE WAR OR DATES)          | 577-09-1                            |                                    | Henry Pulizz   | ADDRE                                 |                     |   | ld.                        |  |
| CERTIFICATION | Conditions, if/any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT ( | (c)CONDITIONS <u>CO</u> I |                                     | EATH BUT                           | NOT RELATED TO THE TERM  | INAL DISEASE OR CONF                  | 20b. IF YES, WE     | EN IN PART La: , WERE FINDINGS USED YING CAUSES OF DEATH' |                            |  |
| RTIF          |   |                           |                                     |                                    | In the state of th | YES NO                                | YES [               | ]   | NO [                       |  |
|               | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)                              | ATH HOUR A.M              | . MONTH DA                          | Y YEAR                             | 21c. HOW INJURY OCCURI   | RED (ENTER NATURE OF INJUR            | Y IN ITEM 18 PART I | OR PART 2)  |                            |  |
| MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE O              | F INJURY<br>ET, FACTORY, OFFICE, FA | NRM, ETC )                         | 21f. LOCATION<br>STREET  | City OR TO                            | WN                  | COUNTY  | STATE                      |  |
|               | 22a.] certify that (1) (this hosp saw the deceased alive an above. (1) (we) (did) (did not 22b. SIGNATURE                   | ite and haur and          |                                     |                                    |  |                                       |                     |   |                            |  |
|               |   |                           |                                     |                                    |  |                                       |                     |   |                            |  |
| 230 1         | Osoth Lekagul BURIAL, CREMATION, REMOVAL (SPECHY) Burial  | . 23b. DATE               |                                     |                                    |  | Maryland 20 23d LOCATION CITY OR TOWN |                     | D.C.  | STATE                      |  |

DHMH-16 30M 2/80 (VRA 15, 4)

Law. C. J. TEN J code in one m me di umi di me m oc mille . 7. E 021 E 1 0 0 0 5 i custis el estat n'el Twist 12/21,1980 respect lill venetary 10 mm v1 210 • 11 120.

(VR A 15 (4))

STATE OF MARYLAND

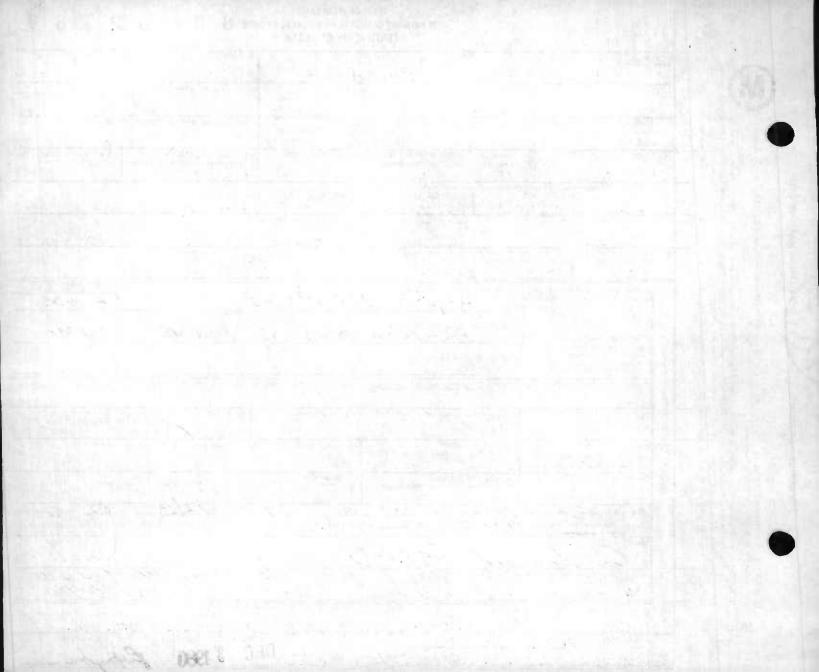
DEC 5 A LABOUR Section of the Party Section of

|  | 11.           | FOR<br>STATE  |  |                             | DEPARTMEN   | T OF HEALTH                             | AND MENTAL                          | HYGIENE            |                                      | 3 2                 | ) 3           | 8                      | 3         |
|--|---------------|---|--|-----------------------------|---|---|-------------------------------------|--------------------|--------------------------------------|---------------------|---------------|------------------------|-----------|
|  | 1.            | REGISTRAR   |  | M                           | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.                    |   |                                     |                    |                                      |                     |               |                        |           |
| 38 al 41 20 mi   |               | CEASED NAME<br>PE OR PRINT)   | Jesse  |                             | MIDDLE<br>O •   | Balo                                    | lwin                                | 2                  | OF ESTI-<br>DEATH MATE               | 17                  | 29            | YEAR<br>80             | 2h HOUR   |
| A FILE   | SE<br>M       | ale BÎ  | ack  | DATE OF BIRT                |   | GE (IN YEARS IF UN<br>ST BIRTHDAY) MONT |                                     |                    | C. DATE<br>RONOUNCED<br>DEAD         | 12                  | 29 DAY        | YEAR 80                | 84:23 PR  |
|  | F             | IRTHPLACE (STATE OF COUNTRY)  | DR .   | ALC: A                      | WHAT COUNTRY?   | To                                      | IED NEVER MAR                       | RRIED              | Montgom                              | ery Co              | NTY OF D      |                        | MD        |
| PAGE S<br>PAGE S<br>SEPTIED:   | 10. C         | lver Spri   | DEATH  | 11 NAME OF H                | OSPITAL, NURSING  | HOME, OR OTH                            |                                     | 120 USUA<br>FOR MC | AL OCCUPATION<br>OST OF WORKING LIFE | TYPE OF WOR         | OR            | ID OF BUSTR            |           |
| 2, 21201 If ANY DELA AND 3 TO 1 RETAIN PA SHOUD BE F RECORDS.  | 130. 5        | AL RESIDENCE (IF IN TATE  Tyland  | NURSING HOME OR 13b COUNTY Montge                  |                             | 13c, CITY OR TO<br>Silver   |   | 13d. INSIDE CITY LIMITS?            |                    | et address<br>Winexbu                | urg Mai             | nor D         | rive                   | ,#102     |
| M H SS S   |               | ATHER'S NAME<br>FIRST<br>Jesse  | 0.   |                             | Baldwin   |   | is. MOTHER'S MAII<br>FIRST<br>Clara |                    | WIDDLE                               |                     | Ethe          | lrid                   | ge        |
| BALTIMORE.  JES AFTER DEA STEP DEA PAGES WITH FORM P PAGES I AND P | No.           |   | (IF YES, GIVE W                                    | AR OR DATES)                | 250-68  | -5181                                   | Mary L. B                           | aldwin             |                                      | same a              | as ab         | ove                    |           |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG WERE 3 SHOULD BE USED AS A BURIAL. "RANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE DOI PRIOR TO BURIAL, CREMATION, OR REMOVAL.   |               | Conditions, i   | IMMEDIATE  t any, which o immediate ing the under- | CAUSE (a)  DUE TO, (b)      | ine for (a), (b), and Hypertens  OR AS A CONSEQUE  OR AS A CONSEQUE | ive Card                                | diovascula                          | ar Dise            | ease                                 |                     | BETW          | PROXIMATE<br>FEN ONSET | AND DEATH |
| FECORDS, 2 D BE EXECUTE TO BE EXECUTED TO BE EX  | NOIL          | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  120. AUTOPSY2 |  |                             |   |   |                                     |                    |                                      |                     |               |                        |           |
| ON OF VITAL RIPER SHOULD FICATE SHOULD THE WEB USED NATMENT OF HE OR TO BUSINENT OF HE OR TO BUSINENT OF THE OR TO BUSINENT OR THE OR TO BUSINENT OF THE OR TO BUSINENT OR THE OR TO BUSINENT OR THE OR TO BUSINENT OR THE OR THE OR TO BUSINENT OR THE | CERTIFICATION |   |  |                             | Line  |   | Bed X                               |                    |                                      |                     | Y             | ES T                   | NO 🗆      |
| DIVISION OF HIS CERTIFICATE WRITING THE WARDED TO THE AGE 3 SHOULD I   | MEDICALCE     | 210 EXTERNAL CONTRIBUTING CONTRIBUTING 21d INJURY OCCU  | J CAUSE OF DE                                      | ATH P                       | OF INJURY  .M. MONTH DAY  .M. E OF INJURY (AT)  ACTORY, FARM, ETC.) | YEAR<br>19<br>10ME, 21f LO              | CATION STREET                       | RED LENTER NA      | CITY OR TOWN                         |                     | PART 2)       |                        | STATE     |
| TO MEDICAL EXAMINER: THIS CONTROLLED THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE DATIMORE, MARYLAND, 21201  |               |   | at I took charge                                   | of the remains of causes X, | described above, he Accident ,                                      | ld on Autop<br>Suicide                  | , Homicide TITLE (SPECIFY) ASSISTE  | Undeter            | Inquiry                              | ond in my  DAT SIGN | e 12/3        | 30/80                  | )         |
| O MEDION XECUTE AGE 4 (O FUNE PER DE L'ALTIMO  | 22            | (TYPE OR PRINT)   |  |                             | olan, M.I   |   | ADDRESS                             |                    | Street,                              | Balti               | more          | , Md.                  | ,         |
| 3205<br>BP   | (             | URIAL CRÉMATION<br>SPECIFY)<br>Burial   |  | 1/4/81                      |   | OF CEMETERY O                           | m.                                  | C                  | DOWAY                                |                     | YTAUC         | S                      | ATE       |
| DHMH - 17<br>(VR A15 ME (5) )  |               | UNERAL DIRECTOR   |  | rvice.                      | 7400 Ga.  | Ave.NW.W                                |                                     | E REC'D. BY R      | registrár 256.<br>1001               | REGISTRAR'S         | SIGNATI       | JRE                    | - CC+ "   |
| 15M 2/80   |               |   |  |                             |   |   |                                     |                    |                                      | 3.60,00             | 1 1 1 1 1 1 1 |                        |           |

STATE OF MARYLAND

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|   | 1             |  |  |                     | OF MARYLAND                | 79 F4                       | - 0 -1 /1                     | 27                                    |
|---|---------------|--|--|---------------------|----------------------------|-----------------------------|-------------------------------|---------------------------------------|
|   | 1             | FOR<br>- STATE   | DEI  | PARTMENT OF HE      | ALTH AND MENTAL HY         | GIENE 8                     | 5 2 5 9                       | U                                     |
|   | ''            | REGISTRAR  |  |                     | CATE OF DEATH              | REG. NO.                    |                               |                                       |
|   |               | CEASED NAME FIRST  | MIDDLE   | IA IA               | ST                         |                             | ONTH DAY YEAR 26 H            | HOUR                                  |
|   | (TYPI         | EORPRINT) MART   | OPIE G   | . 15A               | LARD                       | 1                           | 2-12-80 9                     | 206.                                  |
|   | 3 SE          |  | 4. RACE  | 5 DATE OF           | BIRTH                      | & AGE (IN YEARS LAST BIRTH  |                               | NDER'24 HRS                           |
|   |               | FEMALE   | Cac.   | MONTH<br>5          | 23 18                      | 62                          | YRS DAYS HOU                  | IRS MIN.                              |
| ام وساق                                 |               | IRTHPLACE (STATE OR FOREIGN COUNTRY)                       | 76. CITIZEN OF WHAT COU                              | MARRIED             | NEVER MARRIED              | 9. BALTIMORE CITY OR        | COUNTY OF DEATH               |                                       |
| 0 15                                    |               | Pa.  | u.s.   | 4 WIDOWED           | DIVORCED [                 | MION                        | 1 GOMIEK                      | JY MD                                 |
| D Lied                                  | 10 0          | ITY OR TOWN OF DEATH                                       | 11. NAME OF HOSPITAL, N                              | URSING HOME OF      | OTHER INSTITUTION          | 12a USUAL OCCUPATIO         |                               | IN SS OR                              |
| SOX                                     | D             | IIVEK SPRING   | HO14 CI  | ROSS H              | OSPITAL                    | Ret Hous                    | eWife THENY                   | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 0                                       | USU<br>13a.   | AL RESIDENCE (IF NURSING HOME OF<br>STATE 13b COUN         | OTHER INSTITUTION GIVE RESIDENCE                     | E BEFORE ADMISSION  | 130 KYSIDE CITY LIMITS?    | 13e. STREET ADDRESS         |                               |                                       |
| 酌                                       |               | Md. Mont   | gomery & x   | BEXXXXB             | YES NOW                    | 10000                       | haway Dr.                     |                                       |
| Dine                                    | 14. F/        | ATHER'S NAME   | MIDDIE LA  |                     | S MOTHER'S MAIDEN NA       |                             |                               |                                       |
|   |               | August   | Schloeme   |                     | Anne                       | WIDDLE                      | Lange                         |                                       |
| 0 1                                     | 16a \         | WAS DECEASED EVER IN U.S. AR                               | MED FORCES? 166 SOCIA                                |                     | 17 INFORMANT               | ADDRES                      | S Hange                       |                                       |
| hed                                     | (             | YES, NO OR UNKNOWN) (IF YES, GIV                           | ZE WAR OR DATES)                                     | 12-0575             | Laster M                   | Ballard Ca                  | me as above                   |                                       |
| The                                     |               | IS CAUSE OF DEATH (Enter on                                |  |                     | bester H.                  | Darrara Da                  | APPROXIMATE III               | NTERVAL                               |
| eut                                     |               | PART I. DEATH WAS CAUSE                                    | D BY:  | NAC                 | 1.11451 F                  | Tailare                     | DAUS                          | AND DEATH                             |
| e<br>e                                  |               | I MAMEDIA  | TE CAUSE (o)   | arer C              | - cut                      | ever or                     | (117)                         |                                       |
| OE .                                    |               | 9//0   | DUE TO, OR AS A CON                                  | ISEQUENCE OF        | 11.46                      | Dens                        | MEN                           | 1141                                  |
| 201                                     |               | Conditions, if any, which gave rise to immediate           | (b) C  | mar.                | Mare                       | occur                       | CANKED!                       | 727-                                  |
| all |               | couse (a), stating the underlying cause last.              | DUE TO, OR AS A CON                                  | SEQUENCE OF         | 2 4 alma                   | De 178 84                   | HAVE DA                       | 15                                    |
| 5                                       |               | OART O CTUER CICAUSICAAIT                                  | (c) [143   | alle (              | STL MEER                   | my - i we                   | MANUCOS VIII                  | //                                    |
| , and                                   | Z             | PART 2 OTHER SIGNIFICANT                                   | TONDITIONS CONTRIBUTION                              | IG TO DEATH BUT N   | IOI KELATED TO THE TERM    | WIN AL DISEASE OR CONDI     | TION GIVEN IN PART 110        |                                       |
|   | CERTIFICATION | 19a DATE OF OPERATION                                      | 196 CONDITION FOR V                                  | WHICH OPERATION     | WAS PERFORMED              | 20a AUTOPSY?                | 20b. IF YES, WERE FINDINGS L  | ISED                                  |
| (2)                                     | F.            | THE DATE OF CHERATION                                      | , a condition tok                                    | WHEN OF ENAMON      | WASTERIORNED               |                             | IN CERTIFYING CAUSES OF D     | EATH?                                 |
| 5                                       | E .           | 21a. ACCIDENT WAS UNDERLYING                               | 21b. TIME OF INJURY                                  |                     | 214 HOW IN HIRV OCCUP      | RED (ENTER NATURE OF INJURY |                               |                                       |
| 0                                       |               | OR CONTRIBUTING CAUSE OF DEA                               |  | H DAY YEAR          | ZIL HOW INJOK! OCCUR       | (ENTER NATURE OF INJURY     | IN ITEM 18 PART I OR PART 2)  |                                       |
| ile il                                  | Ş             | (IF EITHER NOTIFY MEDICAL EXAMINER                         |  | 19                  |                            |                             |                               |                                       |
| 0                                       | MEDICAL       | 21d INJURY OCCURRED  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, O | OFFICE, FARM, ETC 1 | 21f LOCATION<br>STREET     | CITY OR TOWN                | N COUNTY                      | STATE                                 |
| O K                                     |               | AT WORK AT WORK  |  | ,                   | 11                         |                             | 1 2                           |                                       |
| 2                                       |               | 220 I certify that (I) (this haspi                         |  | 107 -17             | 19 45 0                    |                             |                               | (I) (we) fost                         |
| 7                                       |               | saw the deceased alive on<br>above, (I) (we) (did) (did no | i) view the body of a death.                         | 19, onc             | that in (my) (our) opinion | death occurred on the date  | e and hour and from the cause | s stoted                              |
| 5                                       |               | 22b. SIGNATURS   | 11 94  | 11/200              | ECSE!                      |                             | 22c. DATE SIGN                | ED                                    |
|   |               | 11/18019   | To Aga   | CEMUNE              | PHYSICIAN +                | DIRECTOR PHYSICIA           |                               | 1/40                                  |
| 4                                       |               | 27 PHYSICIAN'S NAME (TYPE                                  | R PRINT)   | 1///                | 22e. ADDRESS               | 1 1000                      | 11 0 5                        | KUEN                                  |
| 2                                       |               | ALBERT   | 14. 6RO  | LLHAN               | 40 110                     | 6 9/1/1                     | 10 71 - 91                    | 4164                                  |
| <u> </u>                                | 23a I         | BURIAL, CREMATION, REMOVAL                                 | 236. DATE  | 23c. NAME OF CE     | METERY OR CREMATORY        | 23d. LOCATION               |                               | 77.3                                  |
| 134                                     |               | Burial   | 12-16-80   | Frankf              | ort Cem.                   | Frankfor                    | t Franklin                    | KV.                                   |
|   | 24 F          | UNERAL DIRECTOR  | amolie.  | en.                 | 25a. DA                    |                             | B PLESTRAR'S SUBNATURE        | -d-                                   |
|   | W:            | arner F. Pumr  | phrev silve  | Ga. Ave.            |                            | FC 1 3 1980                 |                               | 7                                     |

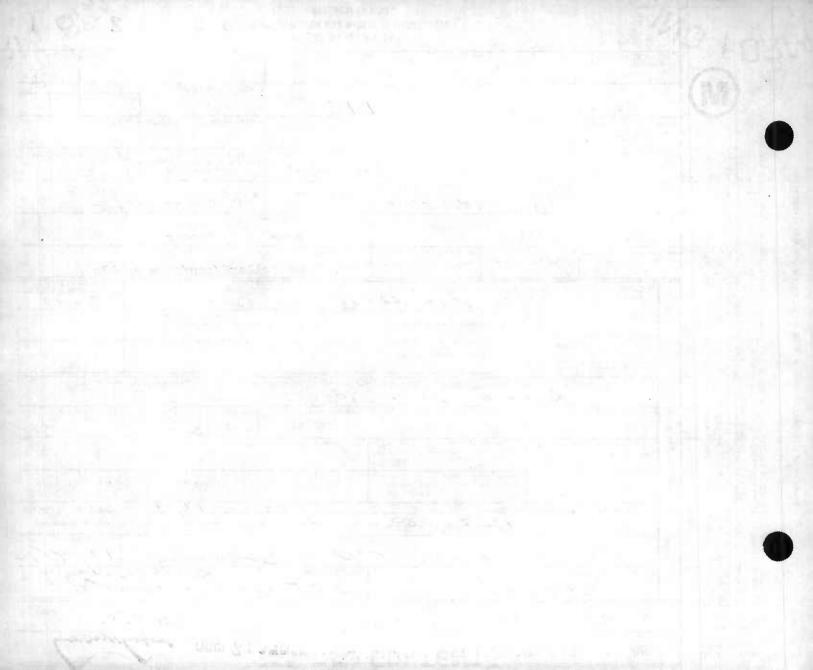
Md

Pumphrey Silver Spring

DHMH-16 30M 2/80 (VRA 15, 4)

Warner

MIRTHER C BAUGED LE 12-12-11 99 C 2 18 182 162 INDUSTED MILES Dates Street Holy Cais, Hospitel But Tallet Berein Com Backer Com The state of the s The second of th



(3 (5) 2021 . No. 2-12 De and one of the trans. , information, No. The state of the s Market - 1621 Annier Challerin Land mirtol aton un . One of the land of the land. The state of the second of the

| 1.                | FOR<br>- STATE<br>REGISTRAR  | DEPARTM   | ENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH   | REG. NO.  | 3 2 3 4 .  |
|-------------------|--|---|--|---|--|
|                   | CEASED NAME FIRST E ORPRINT) Ralph   | n I.  | Barkley, XXX.  | 20. DATE OF DEATH MON                                 |  |
| 3 SE              | x Male   | 4. RACE<br>White  | 5. DATE OF BIRTH  MONTH DAY YEAR  1 7 12               | 6 AGE (IN YEARS LAST BIRTHDAY                         | MONTHS DATE HOURS  |
| V3                | IRTHPLACE ISTATE OR FOREIGN COUNTRY) irginia   | 76 CITIZEN OF WHAT COUNTRY?  USA                              | MARRIED XXEVER MARRIED WIDOWED DIVORCED                | 9 BALTIMORE CITY OR CO                                | DUNTY OF DEATH   |
| 10 C              | TYORTOWN OF DEATH Silver Spring  | 11. NAME OF HOSPITAL, NURSING                                 | HOME OR OTHER INSTITUTION                              | 12a USUAL OCCUPATION<br>{TYPE OF WORK FOR MOST OF WOR | RKING LIFE) 12b. KIND OF BUSINES                                   |
| USU<br>130.       | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN  | OTHER INSTITUTION GIVE RESIDENCE BEFORE A                     | DMISSION) 1 13d INSIDE CITY LIMITS?                    | Budget Anal   |  |
| 50 50 F           | ATHER'S NAME Ralph   | I. Barkle   | ey, Sr. Susan  | L.  | Smith  |
| 0                 | WAS DECEASED EVER IN U.S. ARY YES NO OR UNKNOWN) (IF YES GIVE                                    | MED FORCES? 166 SOCIAL SECUR<br>E WAR OR DATES)               | ITY NO. 17 INFORMANT (Wife                             | e)  arkley-(same                                      |  |
| Nury, or orner in | gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQUENT (c) ONDITIONS CONTRIBUTING TO DE   | NCE OF   | NNAL DISEASE OR CONDITK                               | ON GIVEN IN PART 1(0)  |
| 8 shows ony injur | 19a. DATE OF OPERATION   | 196 CONDITION FOR WHICH C                                     | PPERATION WAS PERFORMED                                |   | IF YES, WERE FINDINGS USED<br>CERTIFYING CAUSES OF DEATH<br>YES NO |
|                   | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  |   | YEAR   | RED (ENTER NATURE OF INJURY IN I                      |  |
| MEDICAL           | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 210 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, FAI | RM, ETC ) ZII LOCATION<br>STREET                       | CITY OR TOWN  | C OUNTY 51   |
| n 21 is mo        | saw the deceased alive on,<br>above, (1) (we) (did) (did)  | oil) attended the deceased from                               | A 124 2/ 10, 19 7.5  o , and that in (my) (and apinion | , to_Decler he dote a                                 | nd hour and from the causes sta                                    |
| Z                 | Maymond a  | Bradshaw,   | DEGREE ATTENDING PHYSICIAN                             | MEDICAL STAFF DIRECTOR PHYSICIAN                      | 22c. DATE SIGNED   |
| MPORTANIE         | Pro Antigian's NAME (TYPE OF   | Bradshaw  | Jr. 220 ADDRESS 345 51/V                               | University  | Md. West   |
| 23e. l            | BURIAL, CREMATION, REMOVAL<br>(SPECIFY)<br>Burial  |   | ame of CEMETERY OR CREMATORY<br>rlington Nation        | 23d tOCATION CITY OR TOWN al Arlingto                 | n Virgin   |
| 24 F              | WHYMEP E. Pu   | ·   | V/1/2 25WA   | REC'D. BY SHOTTRAR SE.                                | REGISTRAR'S SIGNATURE  |

|   |               |                         |   |                    |                                 |                     | E OF MA       |                     |                |                          |                   |                          |             |
|---|---------------|-------------------------|---|--------------------|---------------------------------|---------------------|---------------|---------------------|----------------|--------------------------|-------------------|--------------------------|-------------|
|   | 1-            | FOR<br>STATE            |   |                    |                                 | MENT OF H           |               |                     |                | NS 0                     | 3                 | 2 3 9                    | 4           |
| 7 |               | REGISTRAR<br>CEASED NAM | F FIRST                                 | M                  | MIDDLE                          | EXAMINE             | K'S CE        |                     | E OF DE        |                          | EG. NO.           |                          | To come of  |
|   |               | OR PRINT)               | Joseph                                  |                    | W                               | R.                  | rlow          |                     |                | OF EST                   | 11-               |                          | 26 HOUR     |
| - | 3. SEX        |                         | 4. RACE                                 | S. DATE OF BIRT    |                                 | 6. AGE (IN YEAR     |               | PIVP TELIN          | DER 24 HRS     | DEATH MAT                | MONTED 12         | 2 28 <sub>19</sub> 80    |             |
|   |               | Male                    |   | MONTH DA           | Y YEAR                          | LAST BIRTHDAY       | MONTHS        | DAYS HOU            |                | PRONOUNCED<br>DEAD       | 12                |                          | 20.110011   |
| ł |               | RTHPLACE (5)            | Cauc.                                   | May 19,            | WHAT COUN                       | TRS                 |               |                     |                |                          |                   | INTY OF DEATH            | 1.14        |
|   | FO            | REIGN COUNTRY           | 100                                     | U.S.A              |                                 |                     | MARRIED       | NEVER A             | ORCED          |                          | omery (           |                          |             |
| 1 |               | TY OR TOWN              | OF DEATH                                | II. NAME OF H      | OSPITAL, NUI                    | RSING HOME.         |               |                     |                | SUAL OCCUPATION          |                   | K 12b. KIND OF B         | MD.         |
|   | ]             | Bethese                 | la                                      | Subur              | ban Ho                          | spital              |               |                     | FOF            | R MOST OF WORKING L      | (FE)              | OR INDUST                | rry         |
| 1 | USUA          | L RESIDENCE             | (IF IN NURSING HOME OF                  | OTHER INSTITUTION. | GIVE RESIDENCE                  | BEFORE ADMISSION    | 4)            |                     |                | inet Mak                 |                   | Wood                     |             |
|   | 13a. S        | Marylar                 | nd Mon                                  | gomery             | 13t. CITY                       | or town<br>ensingto | n 136         | I. INSIDE CITY LIMI | 13 10          | REET ADDRESS<br>Ili Ceda | r Lane            |                          |             |
| 1 | 14. FA        | THER'S NAME             |   |                    |                                 |                     |               | MOTHER'S M          |                | Œ                        |                   |                          |             |
| Ô |               | letbro                  |   | M                  |                                 | 10W                 |               | Adelin              |                | H. MIDDLE                | 1 2               | adzinske                 |             |
| 1 | 16a. W        |                         | DEVERINUS ARM                           | ED FORCES?         | 16b. SOC                        | CIAL SECURITY       | NO. 17.       | INFORMANT           |                |                          | DRESS             | TOE THIS RE              |             |
| I |               | 10                      | (ir res, Give v                         | AR OR DATES)       | 232-                            | -01-0606            | N             | yrtle               | C. Bar         | low (Sam                 | e as 13           | 3e)                      |             |
| I | -             | 18 CAUSE O              | F DEATH (Enter only                     | one cause per li   | ne far (a), (b)                 | ), and (c).)        |               | _ 1                 |                | y                        | ,                 | APPROXIMA<br>BETWEEN ONS | TE INTERVAL |
| ı |               | PARTIDE                 | ATH WAS CAUSED                          |                    | Co                              | rono(c).)           | -4 I          | RSUJ                | ticle          | -ney A                   | erte              | 0.000                    |             |
| 1 |               | 411                     | 0                                       | DUE TO, O          | OR AS A CON                     | ISEQUENCE OF        |               |                     |                |                          |                   |                          |             |
| 1 |               | gove ris                | ns, if any, which<br>se to immediate    | (b)                |                                 |                     |               |                     |                |                          |                   |                          |             |
|   |               | lying cou               | stoting the <u>under</u> -<br>ise last. | DUE TO, C          | OR AS A CON                     | ISEQUENCE OF        |               |                     |                |                          |                   |                          |             |
| ۱ |               | Buny a gyura di         |   | (c)                |                                 |                     |               |                     |                |                          |                   |                          |             |
|   | z             | PAKI Z UTHER SI         | GNIFICANT CONDITIONS (                  | INTRIBUTING TO DEA | IN BUT NOT RELA                 | ITEO TO THE TERMIN  | AL DISEASE OR | CONDITION GIVEN     | IN PART 1 (a). |                          |                   |                          |             |
| + | ATIO          | 19a. DATE OF            | OPERATION                               | 19b. CONI          | DITION FOR                      | WHICH OPERA         | TION WAS      | PERFORMED?          |                |                          |                   | 20. AUTOPSY              | (2          |
|   | IFIC          |                         |   | 7 - 97             |                                 |                     |               |                     |                |                          |                   | YES 🗆                    | NO 💢        |
| A | CERTIFICATION |                         | L CAUSE WAS                             |                    | OF INJURY                       |                     | 21c. HOW      | INJURY OCC          | URRED (ENTER   | R NATURE OF INJURY IN    | ITEM 18 PART 1 OF |                          | NO M        |
| I | ALC           | UNDERLYING              | OR CAUSE OF D                           |                    | .M. MONTH                       | DAY YEAR            |               |                     |                |                          |                   |                          |             |
|   | MEDICAL       | 21d. INJURY C           | CCURRED                                 | 21e PLAC           | E OF INJURY<br>ACTORY, FARM, ET | (AT HOME,           | 21f. LOCAT    |                     | =              |                          |                   |                          |             |
| 1 | ×             | WHILE<br>AT WORK        | NOT WHILE AT WORK                       | STREET, FA         | CTORT, FARM, ET                 | IC.)                | STREE         |                     |                | CITY OR TOWN             |                   | COUNTY                   | STATE       |
|   |               |                         | y that I took charge                    | of the remains d   | escribed abo                    | ive held on         | Autopsy       | Inch.               | ection .       | Inquiry K                | and in my         | coninion                 |             |
|   |               | deoth results           |   | I couses .         | Accident                        | Suici               |               | Homicide [          | -              | etermined manner         | [                 | оринон                   |             |
|   |               |                         | ^                                       | ,                  |                                 |                     |               | TITLE (SPEC)F       |                |                          |                   | 0                        | 10000       |
| 1 |               | ACTUAL<br>SIGNATURE_    | Jul                                     | m 4.1              | Boll                            |                     | ,M.D.=        | Peput               |                | DICAL EXAMINER           | DAT<br>SIG        | TE Dec. 28               | 1480        |
|   |               | EXAMINER'S              | NAME TO                                 | hn C               | Pa11                            | M D                 | 703           | 6 01 1              |                |                          |                   |                          |             |
|   | 4             | (TYPE OR PRIN           | VI)                                     | hn G.              |                                 |                     |               |                     |                |                          | Rd. B             | ethesda                  | , Md.       |
|   | 230. BL       | PECIFY) BUR             | TION,REMOVAL 23                         | DECEMBI            | ER   23c. N                     | NAME OF CEME        |               |                     | 23d. L         | OCATION<br>Y OR TOWN     | C                 | OUNTY S                  | STATE       |
| - | 24 EI         |                         |   | 31, 1980           | ) Me                            | adow Br             | anch (        | Cemeter             | Y Wes          | tministe                 | r                 | Mary lar                 | ndbr        |
|   | ta EC         |                         | TOR Robert                              |                    |                                 | runeral             | nome:         | 250. 12             | AN             | Y REGISTRAR              | perform           | Metrodi                  | 1           |
|   | P             | .A K                    | ockville.                               | ridi'y lai         | IU                              |                     |               |                     |                |                          |                   |                          |             |

|   | Trail         | - Property  |             |
|---|---------------|-------------|-------------|
| 12 28 27 73   | A. J. Col.    | Tillian Alb |             |
| ENTER OF SECURITY | 37            | , a seq.    | ELM)        |
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|   | Leokganilina  |             | Avandon     |
| Unill Carer Lane  | Att unthing I | 278.70 Enn  | bara Agraph |
| and and and a shared  | _neofrail     | .4          |             |
| (edf as total letter  | 300-71-50     |             |             |
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|   |               |             |             |

| 3 SE 170. B           | ECEASED NAM PE OR PRINT)  X  male | Willi.                               | nm = =                       | MIDDLE             |                 | LAST               |                 | IZa DATE                          | KNOWN             | MONTH       | DAY Y             |                      |
|-----------------------|-----------------------------------|--------------------------------------|------------------------------|--------------------|-----------------|--------------------|-----------------|-----------------------------------|-------------------|-------------|-------------------|----------------------|
| 70. B                 |                                   |                                      | nm =                         |                    |                 |                    |                 | OF                                | ESTI-             |             | -                 | EAR 2b. HC           |
| 7a. B                 |                                   | I I KALE                             | 5. DATE OF BIRTH             | dward              | ACE (manuface)  | Barnes             | _               |                                   | MATED X           | 12          | 14 19 8           |                      |
| 70. B                 | male                              |                                      | MONTH DAY                    | YEAR               | LAST BIRTHDAY)  | FUNDER 1 YR.       | HOURS           | MIN. PRONOU                       | NCED              |             |                   | 9:3                  |
| , FC                  | IRTHPLACE (S                      | white                                | 1/21/<br>76. CITIZEN OF WI   |                    | 19 YRS.         |                    |                 | DEAD                              |                   | 12          | 15 198            | 30 a                 |
| 10. C                 | OREIGN COUNTRY)                   | TATE OR                              |                              | SA                 | ^               | ARRIED   NE        |                 |                                   | ORE CITY O        | _           |                   |                      |
|                       | Ohio                              | OF DEATH                             | 11. NAME OF HOS              |                    |                 | DOWED L            | DIVORCE         | , ,                               | lontgom           |             |                   |                      |
|                       |                                   |                                      | (IF NOT IN SUCH FA           | CILITY, GIVE STREE | T ADDRESS)      | OTHER INSTITU      | JIION           | 120. USUAL OCCU<br>FOR MOST OF WO | RKING LIFE)       | OF WORK     |                   | F BUSINESS<br>OUSTRY |
|                       | ithersb                           |                                      |                              | inthia             |                 |                    |                 | Engine                            | eer               |             | Instr             | uction               |
|                       | STATE                             | 13b COUN                             |                              | 13c. CITY OR       | RTOWN           | 13d INSIDE         | CITY LIMITS?    | 13e STREET ADDR                   |                   |             |                   | a                    |
|                       | Marylan                           |                                      | tgomery                      | <b>Gaithe</b>      | rsburg          | YES 🗌              | NO 🛭            | 8 Hyac                            | inthia            | Cou         | rt                |                      |
| 14 F                  | ATHER'S NAME                      |                                      | MIDDLE                       | LAST               |                 | 15. MOTH           | ER'S MAIDEI     |                                   | NIDDLE            |             | LAST              |                      |
|                       | Alton                             |                                      | S.                           |                    | rnes            |                    | Fred            | a                                 |                   |             | Hal               | .1                   |
| 160.                  | WAS DECEASE<br>YES, NO, OR UNKNO  | D EVER IN U.S. AR                    | MED FORCES?<br>WAR OR DATES) |                    | SECURITY NO     |                    |                 |                                   | ADDRESS           | 10          | 01:               |                      |
|                       | Yes                               | Ko                                   | rean                         | 283 2              | 26 152          | 7 Bry              | an Fu           | ineral Ho                         | ome,              |             | Ohio              | 11-11                |
|                       | 18 CAUSE C                        | F DEATH (Enter on                    | aly one cause per line       |                    |                 | 2011               | 1               |                                   |                   | Maria       | APPROX<br>BETWEEN | MATE INTERVAL        |
|                       | 1/20                              |                                      | TE CAUSE (o)                 | ongesti            | ve hear         | rt Failu           | ire             |                                   | -35.00            |             |                   |                      |
|                       | 700                               | 0                                    |                              | AS A CONSEC        | QUENCE OF       |                    |                 |                                   |                   |             |                   |                      |
|                       |                                   | ns, if ony, which<br>se to immediate |                              |                    |                 |                    |                 |                                   |                   |             |                   |                      |
|                       |                                   | stating the under-                   | < '''                        | AS A CONSEC        | QUENCE OF       |                    |                 |                                   |                   |             |                   |                      |
|                       | lying cou                         | ise last.                            | (c)                          |                    |                 |                    |                 |                                   |                   |             |                   |                      |
| ١                     | PART 2 OTNER SI                   | GNIFICANT CONDITIONS                 | CONTRIBUTING TO GEATH        | BUT NOT RELATED    | TO THE TERMINAL | ISEASE OR CONOITIO | ON GIVEN IN PAR | T 1 · a                           |                   |             |                   |                      |
| ON                    | 1                                 |                                      |                              |                    |                 |                    |                 |                                   |                   |             |                   |                      |
| 3                     | 190. DATE OF                      | OPERATION                            | 196 CONDIT                   | ION FOR WH         | ICH OPERATIO    | N WAS PERFOR       | RMED?           |                                   |                   |             | 20 AUTO           | PSY?                 |
| F                     |                                   |                                      |                              |                    |                 |                    |                 |                                   |                   |             | YES               | X NO 🗆               |
| CER                   |                                   | L CAUSE WAS                          | 21b. TIME OF<br>HOUR A.M     | INJURY             | AY YEAR 2       | t. HOW INJURY      | Y OCCURRED      | ENTER NATURE OF IN                | JURY IN ITEM 18 P | ART I OR PA | ART 2)            |                      |
| K                     | CONTRIBUTION                      | OR OR                                | DEATH P.M                    |                    | 19              |                    |                 |                                   |                   |             |                   |                      |
| MEDICAL CERTIFICATION | 21d. INJURY C                     |                                      | 21e PLACE C                  | OF INJURY (A       | AT HOME 21      | LOCATION           |                 | CITY OR TO                        | Whi               |             | III II V          |                      |
| 3                     | WHILE<br>AT WORK                  | NOT WHILE [                          | )   Sinceri, Fact            | -wit, FARM, E(C.)  |                 | SINEEL             |                 | CITY OR TO                        | AA L4             | CO          | YTMU              | STATE                |
|                       |                                   |                                      | ge of the remains des        | crib ad abarra     | halden A        | utapsy X.          | Income to the   |                                   |                   | 1           |                   |                      |
|                       |                                   |                                      | 675                          | - 11               | 1 -             | -                  | Inspection      | 4/                                |                   | d in my a   | pinion            |                      |
|                       | death result                      | ed fram: / Natu                      | rai couses                   | Accident H         | , Suicide       |                    | cide LJ         | Undetermined m                    | onner,            |             |                   |                      |
|                       | ACTUAL                            | Klion                                | roux 17                      | m. 1               |                 | ,                  | SPECIFY)        |                                   |                   | DATE        | 1.2               | 16_00                |
| 2                     | SIGNATURE,                        | 17001                                |                              | - Maria            | >               | _w.bnebn           | uy un           | LE LEDICAL EXAM                   | AINER             | SIGNI       | ED 12-            | -16-80               |
| -                     | EXAMINER'S                        | NAME The                             | omas D. Sm                   | nith. M            | .D.             | ADDR               | 113             | l Penn St                         |                   |             |                   |                      |
| 730 5                 |                                   | TION, REMOVAL                        |                              |                    |                 | ADDRESS_           |                 |                                   |                   |             |                   |                      |
| 130.0                 | SPECIFY)                          |                                      | 12/19/80                     |                    |                 |                    | OKT             | 23d LOCATION<br>CITY OR TOWN      | (1110             | con         |                   | STATE                |
| 71.                   | Remo                              |                                      | $ry W_{\text{apply}}$        |                    | morial          | Park               | 750 DATE D      | Zanes                             | ville,            | TD A D'C G  | Oh                | 10                   |
| 1 74. F               | NAME                              |                                      |                              |                    |                 |                    |                 |                                   |                   |             |                   |                      |

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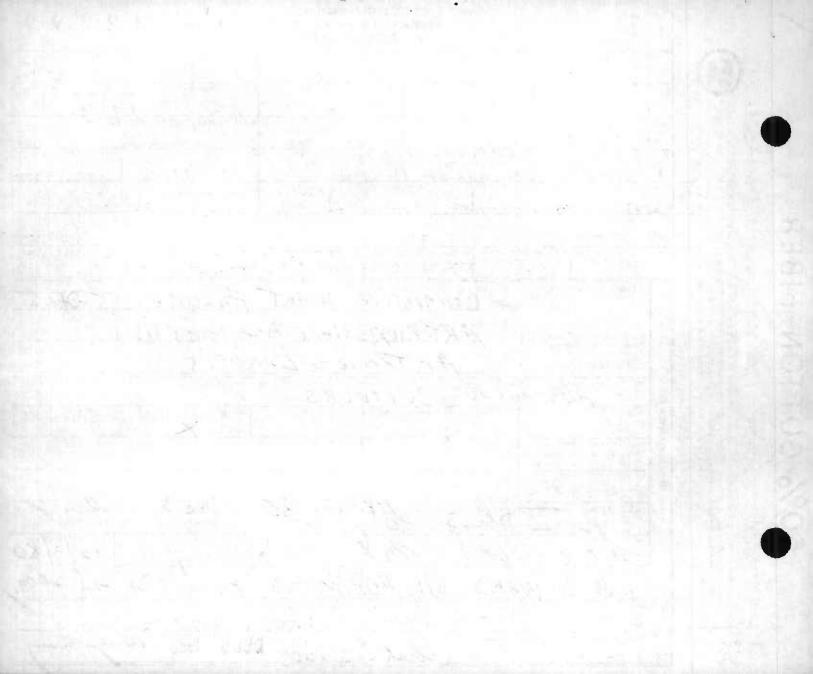
|    | 1-            | FOR<br>STATE  |   |                                   |              | MENT OF H                                 | EALTH               |              | ENTAL             | HYGIEN             | 20. DATE KNOWN & MONIH DAY YEAR OF ESTI-DEATH MATED   8-19 80 MM  21. DATE PRONOUNCED 8-19 80 P M  22. DATE PRONOUNCED 8-19 80 P M  23. BALTIMORE CITY OR COUNTY OF DEATH  Montgomery County  MOLL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY)  REET ADDRESS  3.4488 |                          |               |                         |              |
|----|---------------|---|---|-----------------------------------|--------------|---|---------------------|--------------|-------------------|--------------------|--|--------------------------|---------------|-------------------------|--------------|
| X  | T. DE         | REGISTRAR<br>CEASED NAM<br>E OR PRINT)                              |   | HOMAS                             | MIDDLE       | P.  | l                   | AST<br>BARTL |                   | JF DEA             | OF E   | IOWN X                   |               | 80                      | 2b. HOUR     |
| 1) |               | le  | 4. RACE<br>white  | S DATE OF BIRTH                   | YEAR         | 6. AGE (IN YEAR<br>LAST BIRTHDAY<br>34 YR | RS IF UNE           | DER I YR.    | IF UNDER          | R 24 HRS.          | PRONOUNCE<br>DEAD  | D                        | 8-19          | 80<br>19                |              |
| 19 | FO            | RTHPLACE (S   |   | 76 CITIZEN OF WH                  | 1AT COUN     | TRY?                                      | 8. MARRIE<br>WIDOWE | _            | VER MARK          |                    |  |                          | Count         | у                       | MD           |
| )  | В             | ethesd  | a   | Suburban                          | Hosp         | oital                                     |                     | R INSTITU    | NOIT              | 12a. USU<br>FOR I  | JAL OCCUPAT<br>WOST OF WORKING   | TION (TYPE OF<br>G LIFE) | WORK 12b. K   | IND OF BU<br>OR INDUSTR | SINESS<br>RY |
| 1  | USUA<br>13a S | A E   | UF IN NURSING HOME OF   | OR OTHER INSTITUTION, GI          | 134-CITY     | OR TOWN                                   | 4/5                 | YES C        | NO [              |                    | EET ADDRESS  | 847                      | 354           |                         |              |
|    | 14 FA         | THER'S NAME   |   | MIDDLE                            |              | LAST                                      |                     | 15. MOTH     | ER'S MAID         | EN NAME            | MIDDI  | LE                       |               | LAST                    |              |
| 3  | 16a. V<br>(YE | AS DECEASE<br>S. NO, OR UNKNO                                       | D EVER IN U.S. ARI  | MED FORCES?<br>WAR OR DATES)      | 16b. SOC     | IAL SECURITY                              | NO.                 | 17. INFOR/   | MANT              |                    |  | ADDRESS                  |               |                         |              |
|    | NO            | Condition<br>gove ricause (o)<br>lying cou                          | IMMEDIA:  In, if any, which see to immediate stating the under- | TE CAUSE (o)                      | Mu] AS A CON | Itiple  ISEQUENCE O                       | F                   |              | N GIVEN IN P/     | ART 1 (a).         |  |                          | 861           | WEEN ONSET              | AND DEATH    |
| 1  | CERTIFICATION | 19a. DATE OF  | OPERATION   | 19b. CONDIT                       | ION FOR \    | WHICH OPERA                               | TION WA             | S PERFOR     | MED?              |                    |  |                          |               |                         |              |
|    | MEDICAL CER   | UNDERLYING<br>CONTRIBUTII   | NG CAUSE OF   |                                   | 1 MOBIH      | 19  | sub                 | ject         |                   |                    |  |                          | TI OR PART 2) |                         |              |
|    | MED           | 21d. INJURY C<br>WHILE<br>AT WORK                                   | NOT WHILE AT WORK   | 21e. PLACE C                      |              |   | Fent                |              | pring             | g St.              | cm Mont  | gomer                    | y Goun        | ty, M                   | aryla        |
|    |               | 220. I certii<br>death resulte<br>ACTUAL<br>SIGNATURE<br>EXAMINER'S | Notes   | rol causes ,                      | Accident     | , Suice                                   | M.                  | Homic        | specify)<br>sista | ant <sub>MED</sub> | CAL EXAMIN   | ER                       | DATE          | 8-20-                   | 80           |
|    | 23a. Bt       | (TYPE OR PRI  | TION, REMOVAL 2   | garita A.<br>23b. DATE<br>12/9/80 |              | II, M.D                                   | A                   | CREMATO      |                   |                    | Street<br>CATION<br>ORTOWN   |                          | COUNTY        | ST                      | ATE          |
| Ì  | -             | INERAL DIRECTION PARE A TOMY E                                      | TOR   | Balto.,                           | Md.          |   |                     |              | DEC               | REC'D. BY          | REGISTRAR 980  | 25h REGISTR              | RAR'S IGNA    | TURE                    | /            |

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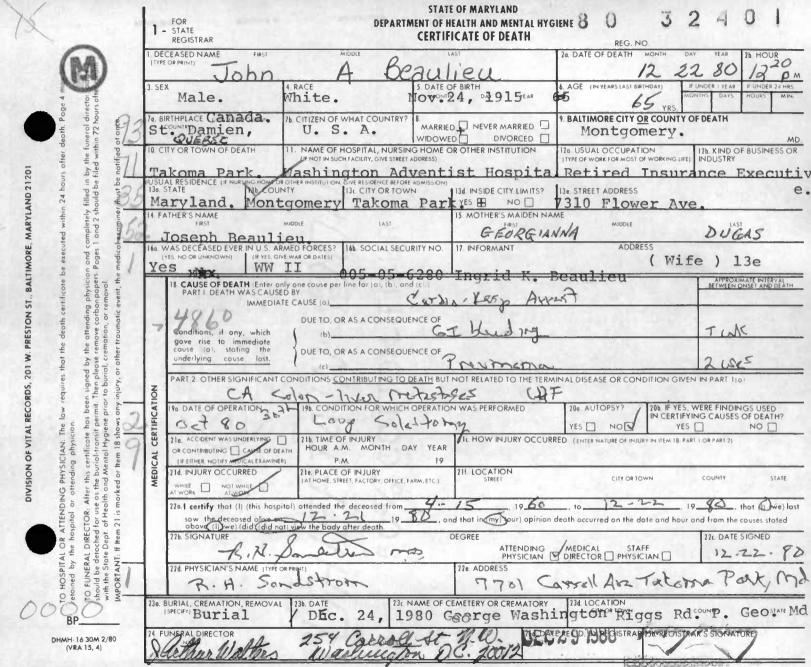
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| 15  | ı             | FOR<br>STATE<br>REGISTRAR           |                                      |                          | DEPART                             | MENT OF       | E OF MARYLAND<br>FEALTH AND MENTA<br>FICATE OF DEATH |            | NE 8 0  | 3                 | 2 4           | 0 0                           |
|---|---------------|-------------------------------------|--------------------------------------|--------------------------|------------------------------------|---------------|--|------------|---|-------------------|---------------|-------------------------------|
| , m.s   | 1. DE         | CEASED NAME                         | FIRST                                |                          | WIDDLE                             |               | LAST   |            | DATE OF DEATH   | MONTH D           | AY YEAR       | 26 HOUR                       |
| oy be<br>loge 3<br>death  | L             |                                     | Jack                                 |                          | Saints                             | В             | eatty  | D          | ecember 7   | , 1980            | 3.54          | 3 PM M                        |
| fer of  | 3. SE         |                                     |                                      | 4 RACE                   |                                    | 5. DATE       |  | 6.         | AGE (IN YEARS LAST BIR                                    |                   | ONTHS DAYS    | IF UNDER 24 HRS<br>HOURS MIN. |
| oge of the control of    |               | ale                                 |                                      | Caucas                   |                                    |               | uary°17,19   |            | 54  | YRS.              |               | HOURS MIN.                    |
| neoth. Pog  |               | IRTHPLACE (STAT                     |                                      |                          | WHAT COUNTRY                       | ? 8<br>MARRIE | NEVER MARRIE   | D 0        | BALTIMORE CITY C  | R COUNTY          | OF DEATH      |                               |
| D 22  |               | nnsylvan                            |                                      |                          | States                             | WIDOW         |  | D 🗆        | Montgomer   |                   |               | MD.                           |
| offer d w   | Ro            | ckville                             |                                      | 809 WO                   | chfacility, give stree             | ve            | OR OTHER INSTITUTIO                                  | (T         | B. USUAL OCCUPAT<br>TYPE OF WORK FOR MOST OF<br>UPERVISOR |                   | 126 KIND O    | elephone                      |
| 217<br>d in   | USU<br>13a    | AL RESIDENCE (I                     | NURSING HOME O                       | R OTHER INSTITUTION      | 130. CITY OR TO                    | RE ADMISSION  | 1134 INSIDE CITY LIM                                 | VITS? 13   | e STREET ADDRESS  |                   |               |                               |
| AND n 24 hould hould  |               | ryland                              | Mont                                 | gomery                   | Rockvill                           |               | YES X NO   | □ 8        | 09 Woodle   | y Driv            | e             |                               |
| ARYLA<br>I within<br>I within<br>od 2 sho   | 14 F          | ATHER'S NAME<br>FIRST               |                                      | MIDDLE                   | LAST                               |               | 15. MOTHER'S MAID<br>FIRST                           | EN NAME    | WIDDLE  |                   | LAST          |                               |
|   | J             |                                     | С.                                   |                          | Beatty                             | 1             | Mary   |            | Jane  |                   | Be 11         |                               |
| BALTIMORE, cote be executed by sisting ond copers. Pages invol.   |               | WAS DECEASED I<br>YES, NO OR UNKNOW | (IF YES, GIV                         | E WAR OR DATES)          | 166 SOCIAL SEC                     |               | 17. INFORMANT  |            |   |                   |               |                               |
| LTIIN<br>ion cirs. Pe   | Y             | 29                                  | IWWI                                 | -                        | 579-26-                            |               | Patricia   | D. Be      | atty, sam   | e as 1            |               |                               |
| N ST., BALT certificate b ing physicio bonpopers. r removol. ic event, the  |               | 18 CAUSE OF E<br>PART I. DEA        | DEATH (Enter or<br>TH WAS CAUSE      | nly one couse pe<br>D BY | r line for (a), (b), a             | nd (c.)       |  |            |   |                   |               | MATE INTERVAL                 |
|   |               | 11 01                               | IMMEDIA                              | TE CAUSE (0)             | Shock                              |               |  |            |   | _                 | imme          | diate                         |
| PRESTON he deoth co   |               | 16001                               |                                      | DUE TO, C                | R AS A CONSEQU                     |               |  |            |   |                   |               |                               |
| the deot the capter remove centroum   |               | Conditions, if gave rise to         | immediate                            | ) Ib)                    | _lung_c                            |               |  |            |   |                   | 14 m          | )                             |
| <b>≯</b> 5 ≥ 5 €  | 1             | underlying                          | ouse lost.                           | DUE TO, C                | R AS A CONSEOL                     | JENCE OF      |  |            |   |                   |               |                               |
| 2 8 8 2 2 7   | Z             | PART 2. OTHER                       | SIGNIFICANT                          | CONDITIONS               | ONTRIBUTING TO                     | DEATH BUT     | NOT RELATED TO TH                                    | E TERMINA  | al disease or con   | DITION GIVE       | N IN PART 110 | ,                             |
| DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir to attending physicion. After this certificate has been sign os the Buriol-tronsit permit. Then th and Mental Hygiene prior to b th and Mental Hygiene prior to b orked or them 18 shows any injury  | CERTIFICATION | 190 DATE OF OF                      | PERATION                             | 19b. COND                | ITION FOR WHICH                    | H OPERATIO    | N WAS PERFORMED                                      | 1          | 200 AUTOPSY?  | 20b. IF YES,      | WERE FINDIN   | GS USED                       |
| AL RE lo on. he lo on. he lo on.  | I E           |                                     |                                      |                          |                                    |               |  |            | YES NOX   | IN CERTIFY<br>YES | ING CAUSES    | OF DEATH?                     |
| VIITA VIITA VIITA INSTITUTO IN THE SPECIAL SPE    | ĕ             | 210. ACCIDENT WA                    | _                                    |                          |                                    |               | 21c. HOW INJURY C                                    | OCCURRED   | (ENTER NATURE OF INJU                                     |                   |               |                               |
| ON OF ITYSICIAL INTERIOR OF ITYSICIAL INTERI    | 4             | OR CONTRIBUTING                     |                                      |                          | .M. MONTH [<br>.M.                 | DAY YEAR      |  |            |   |                   |               |                               |
| DIVISION OF DING PHYSICIA or ottending p After this certit ee as the forrial- olth and Mental marked ar Item  | MEDICAL       | 21d INJURY OC                       |                                      | 21e PLACE                | OF INJURY<br>REET, FACTORY, OFFICE |               | 211. LOCATION  |            | CITY OR FO  | a/b1              | COUNTY        | STATE                         |
| NO P offe offe offe offe offe offe offe of  | >             | AT WORK                             | AT WORK                              | (ATTIOME, ST             | REET, FACTORY, OFFICE,             | , rann, erc., |  |            |   | ****              | 001111        | SIAIL                         |
| NDI<br>No la original de la contra del contra del la contra de la contra de la contra del la contra |               |                                     |                                      |                          | ne deceased from                   |               |  | 80         | , to Dec. 7   |                   | 9.80          | that (1) (Xe) last            |
| ATTE<br>spirto<br>CTO<br>I for<br>of H  |               | sow the de<br>obove, (1) (s         | ceosed olive on<br>ve) (did) (did no | NOV .                    | 19_<br>rofter death.               | _80, •        | nd that in (my) (aXr) o                              | pinion deo | th occurred on the d                                      | ate and hour      | and from the  | couses stated                 |
| OR AT<br>DIREC<br>DOREC<br>Ooched to<br>Dept. of<br>If Item   |               | 226. SIGNATURI                      | 1                                    | 1                        |                                    | 0             | DEGREE   | unia .     | MEDICAL STA   |                   | 22c. DATE     | SIGNED                        |
| TAL<br>Ny th<br>RAL<br>deto<br>deto<br>Tote   | 1             |                                     | Mo                                   | nI                       | Mma                                | rck           | ALL PHYSIC   | IAN        | MEDICAL STA<br>DIRECTOR PHYSIC                            |                   | 12-8          | 8-80                          |
| HOSPITAL<br>ned by th<br>FUNERAL<br>old be det<br>or the State  |               | 22d. PHYSICIAN                      |                                      |                          |                                    |               | 22e ADDRESS  |            |   |                   | D 0           |                               |
| TO HOSPITAL (Performed by the TO FUNERAL Is should be deto with the Stote I MADRITANT).   |               |                                     | Primack                              |                          |                                    |               |  |            | N.W. Was  | hingto            | n, D.C        | •                             |
| 1004  |               | BURIAL, CREMAT                      |                                      | DECEIIID                 | er i                               |               | EMETERY OR CREMA                                     |            | 23d. LOCATION<br>CITY OR TOWN                             |                   | OUNTY         | STATE                         |
| BP  | 24.5          | Crematio                            | n                                    | 8, 19                    | 80 M                               | etropo        | litan Crem   | natory     | Alexand   | ria, V            | irgini        | Aracia.                       |
| DHMH - 16 50M 1/76<br>(VR A 15 (4))   | 74 F          | NAME                                | *Kobert                              | A. Pum                   | phrey                              | neral         | Homes 25   | DE A       | F 1000  | Z3b. P. SISTR     | AR'S S BNAT   |                               |
| (1.0.10(2))   | -             | P.A., Ro                            | ckville                              | , Maryl                  | and                                |               |  | DECI       | 5 1980  |                   |               |                               |

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|   |                       | REGISTRAR   |  | LISV.LE  | CERTIF    | ICATE OF DEATH  | REG. N                                     | 0.                                 |                         |                             |        |
|---|-----------------------|---|--|--|-----------|---|--|------------------------------------|-------------------------|-----------------------------|--------|
|   |                       | OR PRINT)   | rst ^  | MIDDLE   | B         | erman   | 20 DATE OF DEATH                           | MONTH DA                           | YEAR                    | 26 HOUR                     | 7      |
|   | 3. SEX                |   | 4 RACE White   | 100000000000000000000000000000000000000                        | S. DATE C | OF BIRTH  | 6. AGE (IN YEARS LAST BIR                  |                                    | FUNDER 1 YEAR           | IF UNDER 24 I               | HR5    |
| 7 | С                     | RTHPLACE (STATE OR FOREN<br>OUNTRY)<br>RUSSÍA                             | u. s   |  | WIDOWE    |   |  | jom                                | ery                     |                             | MD     |
| 9 | B                     | ethes da  | 5 WD   | HOSPITAL, NURSING<br>HFACILITY, GIVE STREET AD<br>ULD AD       | DRESS) HC | or other institution  | HOUSEWES                                   |                                    | 12b. KIND O<br>INDUSTRY | F BUSINESS                  | OR     |
| P | Ma<br>Ma              | ryland N  | county longomery   | GIVE RESIDENCE BEFORE AD<br>130, CITY OR TOWN<br>SILVER SPI    | ring      | 13d INSIDE CITY LIMITS?   | 130 STREET ADDRESS                         | nira La                            | ine                     |                             |        |
| C | 14 FA                 | Samuel  | WIDDIE   | Vova   |           | Unascerta   | MIDDLE                                     |                                    | LAS                     | T                           |        |
|   |                       | AS DECEASED EVER IN L<br>ES NO OR UNKNOWN) (IF                            | J.S. ARMED FORCES?<br>YES, GIVE WAR OR DATES!            | 577-48-09  |           | 17 INFORMANT Mrs. Shirle  | 3889<br>Ly Karr Sil                        | zs Palmi<br>ver Spr                | ring. 1                 | Maryla                      |        |
|   |                       | Conditions, if ony, wh gove rise to immedia                               | DUE TO, OF   | ras a consequen  | CE OF     | tart Failure  | VI 1=1-11=33                               |                                    |                         | UMATE INTERVAL ONSET AND DE | Ин     |
| 2 | MEDICAL CERTIFICATION | RIF   | ING 21b. TIME OF HOUR A.                                 | Die betos<br>TION FOR WHICH O<br>FINJURY<br>M. MONTH DAY<br>M. | /Y.       | NOT RELATED TO THE TERM    // / / / / /   N WAS PERFORMED    216. HOW INJURY OCCURR | 200 AUTOPSY?  YES NOWED NEW NATURE OF INJU | 20b. IF YES,<br>IN CERTIFYI<br>YES | WERE FINDING CAUSES     | NGS USED<br>OF DEATH?<br>NO |        |
|   |                       | WHILE NOT WHILE AT WORK  220.1 certify that (1) (this sow the deceased of | s hospitol) ottended the live on did not) view the body. | e deceased from  | , on      | . 19 77 ad that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN 222e ADDRESS   | MEDICAL STA                                | ote and hour of                    |                         |                             | ) lost |
|   | 22a B                 | JUE/  | Jeha/man   | 123, NA  | ME OF C   | EMETERY OF CREMATORY  | 1 Geingal                                  | anh i                              | 7344                    | vel)                        | PFR    |

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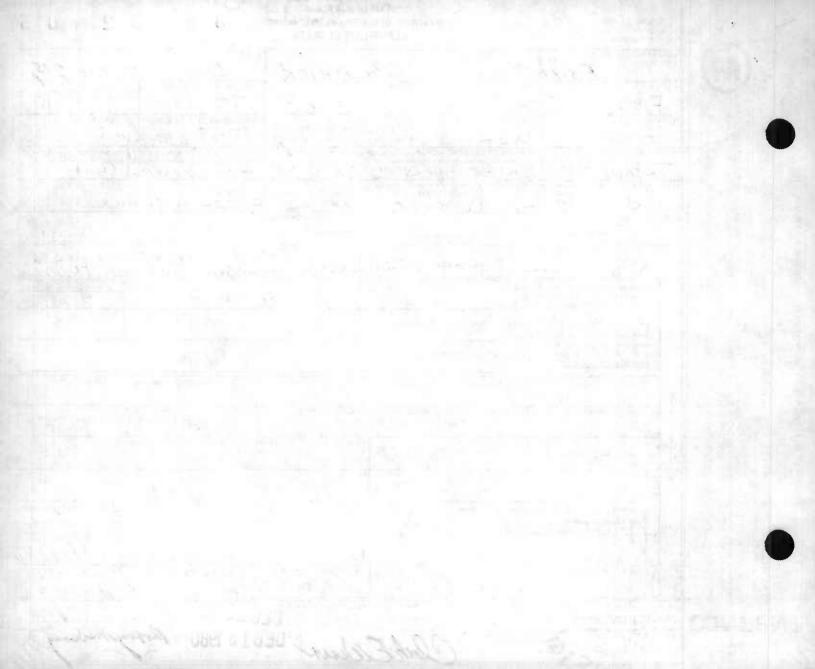
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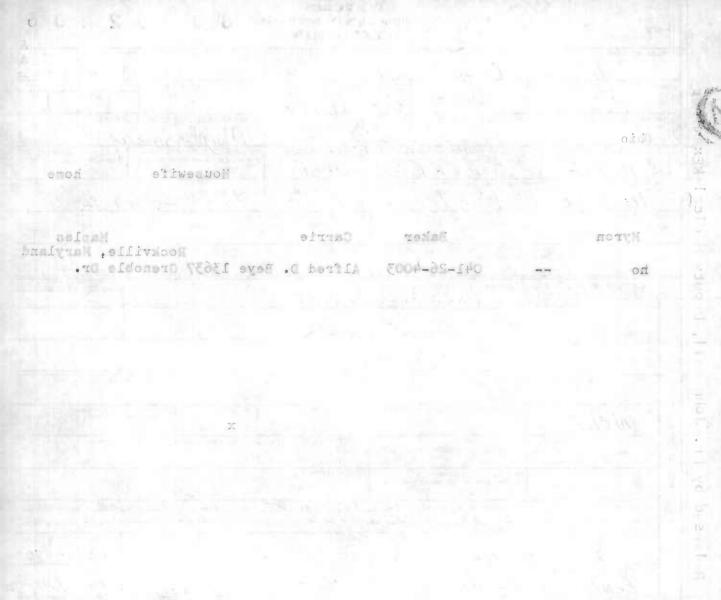
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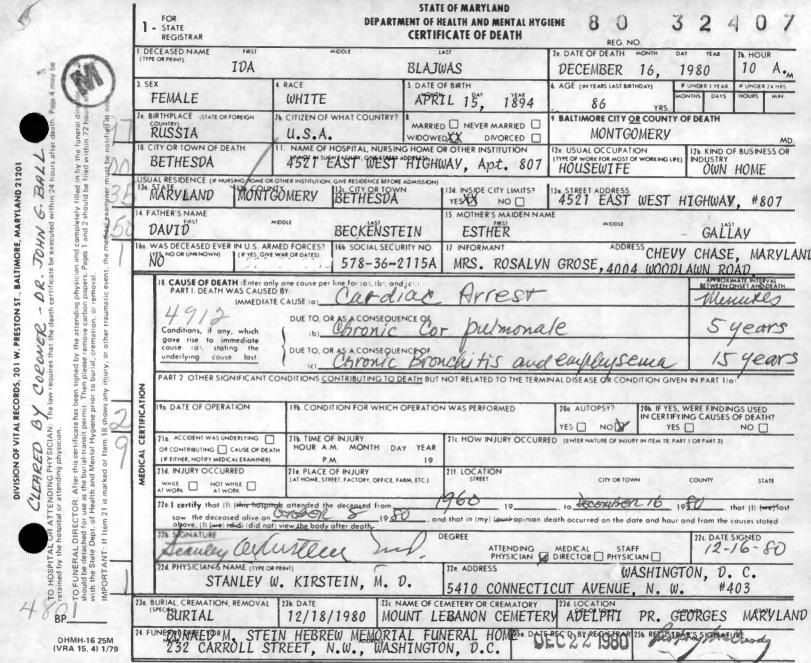
| Jes  |  |  |   | STATE OF MARYLAND                                       | EN EN                               |                                     |
|--|--|--|---|---|-------------------------------------|-------------------------------------|
| 1  |  | FOR<br>STATE   | DEPART  | MENT OF HEALTH AND MENTAL HY                            | GIENE 8                             | 3 2 4 0 5                           |
|  | The same of the sa | REGISTRAR  | HEREN LINES IN                                | CERTIFICATE OF DEATH                                    | REG. NO.                            |                                     |
|  | (BB)   | I DECEASED NAME FIRST                                  | MIDDLE  | (AST •  | 24 DATE OF DEATH MONTH              | DAY YEAR 26 HOUR                    |
| ad A   | (IVI)  | Edit   | <b>н</b> .                                    | BesaRICK  | Dec                                 | 10, 980 2 30 M                      |
| - T  | 9.0  | 3 SEX  | 4 RACE  | 5 DATE OF BIRTH   | 6. AGE (IN YEARS LAST BIRTHDAY)     | MONTHS DAYS HOURS MIN               |
| age  | ecto<br>rs aft   | - emale  | White   | MONTH SAY JEAS  |                                     | rs.                                 |
| A è  | hour poor  | To BIRTHPLACE (STATE OR FOREIGN COUNTRY)               | 76 CITIZEN OF WHAT COUNTRY                    | MARRIED NEVER MARRIED                                   | BALTIMORE CITY OR COL               | UNTY OF DEATH                       |
| dea  | Con 22   | Maryland   | USA   | WIDOWED DIVORCED  |                                     | CKY MD.                             |
| ors after  | y the fu   | TAtoma Park  | 11. NAME OF HOSPITAL, NURSI                   | NG HOME OR OTHER INSTITUTION TADDRESS)  DE ASC NORCE HA | 120 USHAL OCCUPATION                | 126 KIND OF BUSINESS OR INDUSTRY    |
| 2120<br>2120   | a rie b  | USUAL RESIDENCE IN NURSING HOME                        | OTHER INSTITUTION, GIVE RESIDENCE BEFO        | RE ADMISSION)   | 1 00 1. 000 1                       | 30 1                                |
| ND in 24   | filled ld be   | 130 21416  | UNITY 13c CITY OR TO                          | YES NO T  | 13ª STREET ADDRESS                  | th aue                              |
| VITh vith  | shou   | 14 FATHER'S NAME                                       | · · · · · ·                                   | 15 MOTHER'S MAIDEN N                                    | AME                                 |                                     |
| AAR<br>ted t   | and 2 and 2 and 2  | Tobe -   | Horses  | Amv   | MIDDLE                              | Sterling                            |
| Xecu   | 0- 6 2   | 160 WAS DECEASED EVER IN U.S.                          | ARMED FORCES? 166 SOCIAL SEC                  |   | 15/N ADDRESS                        |                                     |
| TIMOS<br>te be e   | Pages . Pages .t., the r   | TYES, NO OR UNKNOWN) THE YES, O                        | NE WAR OR DATES) 024-10                       | 1-5251 Lucille Hi                                       | 1 1 1 1 1 1 1 1 1 1                 | KOMA PK MY                          |
| BALT   | ysici<br>pers<br>oval<br>even  | 18 CAUSE OF DEATH (Enter<br>PART I. DEATH WAS CAU      | only one cause per line for lai, 1b1, a       | ndyc., 10 1 -   | 4 7                                 | BETWEEN ONSET AND DEATH             |
| ST.,   | g phy<br>n pap<br>remo   |  | ATE CAUSE (0)                                 | table New   | 6 mg                                | 5 MIN                               |
|  | ending ph<br>carbon pa<br>on, or rem<br>traumatic  | 4100   | DUE TO, OR AS A CONSEQU                       | JENCE OF  |                                     |                                     |
| W. PRESTON<br>that the death                               | the atte<br>move c<br>ematio<br>other t  | Conditions, if any, which                              | (b)   |   |                                     |                                     |
| Par t  |  | gove rise to immediate cause (a), stating the          | DUE TO, OR AS A CONSEON                       | JENCE OF  |                                     |                                     |
| 201 W  | signed by<br>n please re<br>bburial, cr<br>injury, or  | underlying cause last                                  | (c)   |   |                                     |                                     |
|  | C 6 5 >  |  | T CONDITIONS CONTRIBUTING TO                  | DEATH BUT NOT RELATED TO THE TER                        | MINAL DISEASE OR CONDITION          | N GIVEN IN PART 1(a)                |
| DIVISION OF VITAL RECORDS,<br>IDING PHYSICIAN: The law rec | has been rmit. The prior pows an   | 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING     | 196. CONDITION FOR WHIC                       | H OPERATION WAS PERFORMED                               |                                     | IF YES, WERE FINDINGS USED          |
| # F  | ien pe   | TI N   |   |   | YES D NOO                           | TERTIFYING CAUSES OF DEATH?  YES NO |
| SICIAN   | s certificat<br>all-transit<br>ental Hygi<br>or Item 18  | 210. ACCIDENT WAS UNDERLYING                           |   | 21c HOW INJURY OCCU                                     | RRED JENTER NATURE OF INJURY IN ITE | M 18, PART I OR PART 2]             |
| OF YSIC  | is certifial-transfental H   | OR CONTRIBUTING CAUSE OF                               |   | 19  |                                     |                                     |
| ONO<br>YHA   |  | TIF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED | 21e PLACE OF INJURY                           | 211 LOCATION STREET                                     | CITY OR TOWN                        | COUNTY STATE                        |
| DING   | After the sthe burth and Numerical   | WHILE NOT WHILE AT WORK                                | AT HOME, STREET, FACTORY, OFFICE              | PARM, ETC.)   |                                     | / STATE                             |
| ENG P  |  | 22a 1 certify that (1) (this ha                        | pital) attended the deceased from             | 11/1/19   | D. 10 10/10/                        | 19 19 , that (1) (we) last          |
| TTA  | ECTOR:<br>for use a<br>. of Heal   | above (1) (we)(did) (did                               | on J & 19_<br>not) view the body ofter death. | and that in (my (our) opinia                            | n death occurred on the date on     | d hour and from the couses stated   |
| ALCH AT  | DIRE<br>led f<br>ept.  | TH SIGNATURE   | / )   | DEGREE  |                                     | 22c. DATE SIGNED                    |
| A P  | AL (   | Nand   | commel  | ATTENDING PHYSICIAN                                     | MEDICAL STAFF DIRECTOR PHYSICIAN    | 12/18/80                            |
| SPIT   | VER<br>VER<br>Ste die  | 224. PHYSICIAN'S NAME LITE                             | OR PRINT)                                     | 220 ADDRESS & 3   | 1 Universi                          | to Blad E.                          |
| H  | TO FUNERAL DIRECTORECTORECTORECTORECTORECTORECTORECTO  | David  | Romuel O                                      | 5,100   | SIVING W                            | A Deal Balls                        |
| 01   | sho T  | 23a. BURIAL, CREMATION, REMOV                          | AL 23b DATE 23c                               | NAME OF CEMETERY OR CREMATORY                           | PHI LOCATION \                      |                                     |
| LONA   | 3P   | Cremation  |   | tropolitan Cres   | ACCUS OF CONTRACT                   | dria Fairfax Va                     |
| 1000   |  | 24 FUNEATRIECTORE. PI                                  | umphrey, Inga                                 | 7 1 00 1 250 PI   |                                     | Barg Caray A Strate Chillians       |
|  | DHMH-16 25M<br>VRA 15, 4) 1/79   | 8434 Ga. Ave   | e., S.S. Mar.                                 | och / Muser   | #0 T 0 1000                         | 1                                   |
|  |  |  |   |   | abatic abatic                       |                                     |



| 1                 | n  | STAT   | TE OF MARYLAND                | 44                                       | min) as an area   |
|-------------------|--|--|-------------------------------|--|---|
| F                 | FOR<br>= STATE   |  | HEALTH AND MENTAL HY          | GIENE & U                                | 52406   |
| 01                | REGISTRAR  | CERTII   | FICATE OF DEATH               | REG. N                                   | 0.  |
|                   | DECEASED NAME FIRST                                      | MIDDLE   | LAST                          | 20. DATE OF DEATH                        | MONTH DAY YEAR 26. HOUR                                       |
|                   | 11/au  | do Olive Bout                                      | 2                             |  | 2 19 80 0045  |
| 1.5               | SEX  |  | OF BIRTH                      | & AGE JIN YEARS LAST BIRT                |   |
| 10                | tomale.  | White Oct  | 27. 1885                      | 95                                       | YRS. MONTHS DAYS HOURS MI                                     |
| 76.               | BIRTHPLACE (STATE OR FOREIGN                             | 76 CITIZEN OF WHAT COUNTRY? 8                      | 1 > 1                         | 1 BALTIMORE CITY O                       | R COUNTY OF DEATH   |
| 12                | Ohio   | U.S.A. WIDOW                                       | ED NEVER MARRIED              | Marta                                    |   |
|                   | CITY OR TOWN OF DEATH                                    | 11. NAME OF HOSPITAL, NURSING HOME                 |                               | 120 USUAL OCCURATI                       | ON III. KIND OF BUSINESS                                      |
| (ALL              | BETHESDA   | (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)     | HOSP                          | (TYPE OF WORK FOR MOST O                 |   |
| US                | SUAL RESIDENCE (IF NURSING HOME OR                       | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 71001.                        | Housew                                   | ife home  |
| 12 m(             | STATE NO COUN  | 13 CITY OR TOWN                                    | 134 INSIDE CITY LIMITS?       | 13. STREET ADDRESS                       | 1.000 lola Da   |
| 10.               | FATHER'S NAME  | TAMINA NOCH VIVIE                                  | 15. MOTHER'S MAIDEN NA        | AME                                      | BI GROWE DI   |
| 10                | FIRST  | MIDDLE LAST  | FIRST                         | MIDDLE                                   | LAST  |
| # (I)             | Myron was deceased ever in u.s. ar                       | Baker MED FORCES? 1166 SOCIAL SECURITY NO.         | Carrie                        | ADDRE                                    | Maples  |
| 12                | (YES, NO OR UNKNOWN) (IF YES, GIVE                       | WAR OR DATES)                                      |                               |  | Sckville, Marylar   |
| 145               | 10   | <u> </u>   | Alfred D.                     | Beye 13637                               | Grenoble Dr.  |
| 10                | 18 CAUSE OF DEATH (Enter onl<br>PART I. DEATH WAS CAUSED | ly ane cause per line far (a), (b), and ic).       | 10000                         |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT                   |
| £ 0               |  | E CAUSE (O) CARDIAC                                | ARREST                        |  |   |
| Tradu             | 14275  | DUE TO, OR AS A CONSEQUENCE OF                     | 011-11                        |  |   |
| ē •               | Canditions, if any, which gave rise to immediate         | ( 16) SEPTIC                                       | SHOCK                         |  |   |
| <u></u>           | cause (a), stating the                                   | DUE TO, OR AS A CONSEQUENCE OF                     |                               |  |   |
| σ,<br>Ω,          | underlying cause last                                    | (c) PERTORA  | TED VISC                      | 05.                                      |   |
| 200               | PART 2. OTHER SIGNIFICANT C                              | CONDITIONS CONTRIBUTING TO DEATH BUT               | NOT RELATED TO THE TERA       | MINAL DISEASE OR CON                     | DITION GIVEN IN PART 1(a)                                     |
| m 18 shows any in |  |  |                               | PART CALL                                |   |
| by Dr. Jo         | 190 DATE OF OPERATION                                    | 196 CONDITION FOR WHICH OPERATIO                   | N WAS PERFORMED               | 20e AUTOPSY?                             | 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| 18 st             | JUDINE   |  |                               | YES MO                                   | YES NO  |
| 0. 3              |  |  | 21c. HOW INJURY OCCUR         | RED (ENTER NATURE OF INJUR               | Y IN ITEM 18, PART 1 OR PART 2)                               |
| Dr.               | (IF EITHER, NOTIFY MEDICAL EXAMINER)                     | P.M. 19  |                               |  |   |
| Dy DI             | 214. INJURY OCCURRED                                     | (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)     | 211 LOCATION<br>STREET        | CITY OR TOW                              | VN COUNTY STATE   |
| 111               | AT WORK AT WORK  |  |                               | 11 12 12 12 12 12 12 12 12 12 12 12 12 1 |   |
| ed                | 22a I certify that (I) (this haspit                      | tal) attended the deceased from 12                 | 18 19 80                      | , 10                                     | 19 80, that (I) (we) I  |
| O S O             | saw the deceased alive an abave, (l) (we) (did) (did nat | 1) view the bady after death.                      | nd that in (my) (Dur) Dpinian | death occurred an the do                 | ate and haur and from the causes stated                       |
| ס =               | 226. SIGNATURE   |  | DEGREE                        |  | 221. DATE SIGNED  |
| 2                 | Sment  | 7) Hanowell  | MI ATTENDING                  | MEDICAL STAF                             | IAND 12/19/8  |
| 0                 | 224. PHYSICIAN'S NAME (TYPE OR                           | PRINT)   | 220 ADDRESS                   | 1  |   |
| L SON             | ERNEST D.  | HANOWELL, MI                                       | 10401                         | OLD GERT                                 | GETOWN RD BETH  |
| 2                 | BURIAL, CREMATION, REMOVAL                               |  |                               |  | 0011  |
|                   | Greenation   | 12/20/80 Metr                                      | opolitan Cre                  | ma tomypriown                            | exandria, Virgini   |
|                   |  |  |                               |  | 7 7 0   |
|                   | Cremation  | 12/20/80 Metr                                      | oborresu cre                  | Al                                       | exandria, Virg  |



Grenation 12/20/30 Netropolitan Grenatory Tyson Reeler Tuneral Hore, Inc.
1331 Rockville Tike Rockville, Md.



. and the state of t TOTAL AND DESCRIPTION TO A LABORATE THE PARTY THAT MAN SERVICE STATE NO MALAGONIA OF A SECURE THE ARMY . COM A ART 12-65 - STR FITT -TAMEY A. STATEM, H. P. SETS CONNECTED AND SET M. H. J. 12/18/1920 VOULT LEBANNI COURTES AND TO DESTRUCT

Danzansky-Goldberg Chapels; 1170 Rockville Pike

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

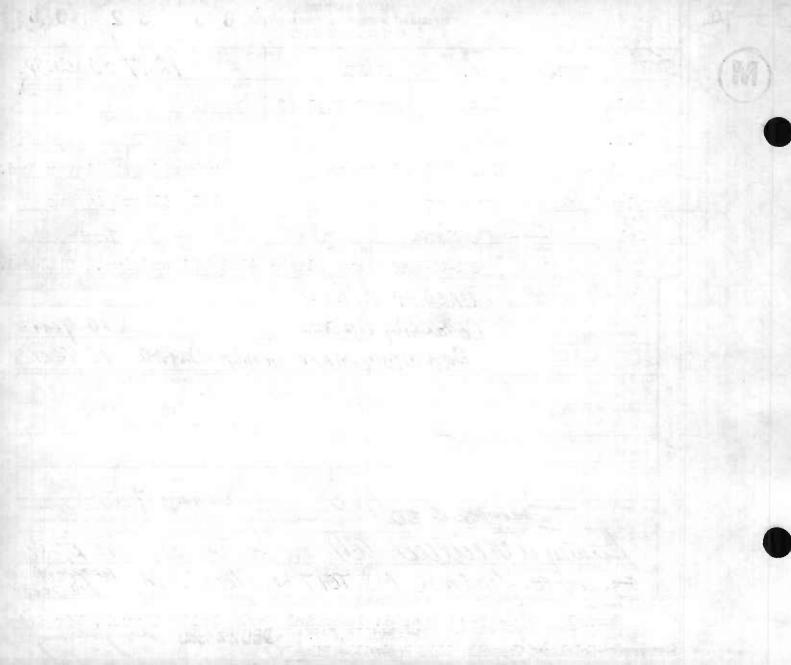
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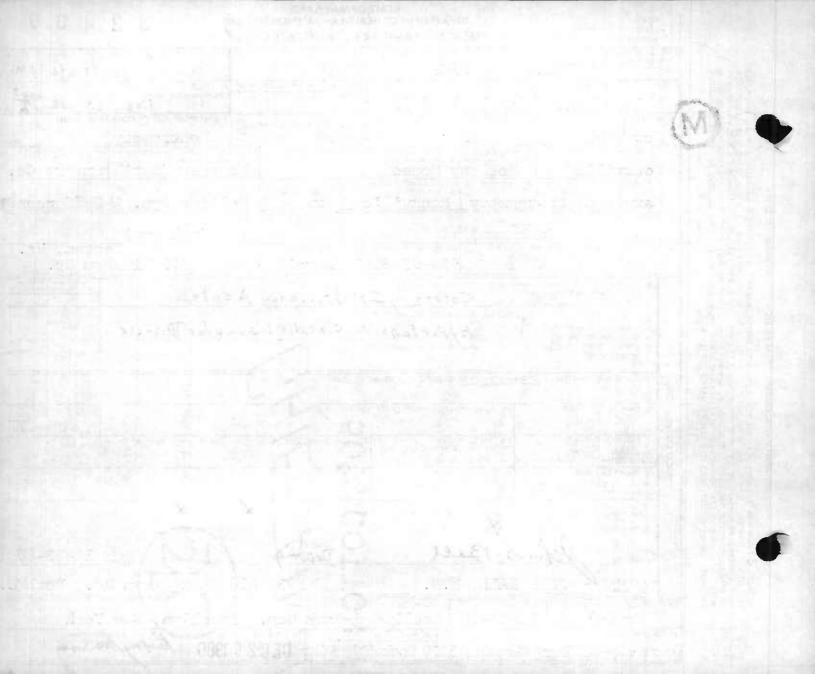
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(VRA 15, 4) 1/79



|                                |   | 1-            | STATE<br>REGISTRAR       |   |                       | DICAL EXAMIN   |               |                                   | 0 4                         | REG. NO               | 2             | 4 0         | 4               |
|--------------------------------|---|---------------|--------------------------|---|-----------------------|--|---------------|-----------------------------------|-----------------------------|-----------------------|---------------|-------------|-----------------|
|                                | 10  |               | CEASED NAME              | FIRST                                   |                       | MIDDLE   |               | LAST                              | 26. DA                      | TE KNOWN              |               | DAY YEAR    | 26 HOUR         |
|                                | ASE<br>OR.<br>LES.<br>LES.  |               |                          | WILLIAM                                 |                       | JACK   |               | MOO                               | DEA                         | TH MATED              | 12            | 21 19 80    | PMM             |
|                                | RY, PLEASE<br>DIRECTOR.<br>OUR FILES.<br>HOURS<br>STREET,   | 3. SE)        | Male                     | White 5                                 | Jan 10                | , 1895 85 YR   | Y) MONTH      | DER 1 YR. IF UNDER 2              | MIN. PRONO                  | OUNCED ).             | MONTH         | 73 1980     | 7. HOUR         |
|                                | AN PARS   | В             | RTHPLACE (STAT           |   | . CITIZEN OF WH       | IAT COUNTRY?   | 8             | ED NEVER MARRIE                   | 9. BAL                      | TIMORE CITY O         |               |             |                 |
|                                | A 5 0   | / 1           | New Yor                  |   | USA                   | A  | WIDOW         |                                   |                             | lontgom               | ery           |             | MD.             |
| <i>&gt;</i>                    | DELAY IS N<br>TO THE FI<br>N PAGE 5<br>BE FILED   |               | TY OR TOWN OF            |   | (IF NOT IN SUCH FAC   | PITAL, NURSING HOME  | OROTH         | ER INSTITUTION                    | 12a USUAL OC<br>FOR MOST OF | CUPATION (TYPE        | 40000         | OR INDUST   | JSINESS<br>RY   |
|                                | DELA<br>TO PA   |               | Rockvil                  |   |                       | y House  |               |                                   | Manag                       | ger (Re               | t)            | Export      | Co.             |
| 21201                          | AND 3 T<br>AND 3 T<br>RETAIN<br>SHOULD B<br>RECORDS   | 130. S        | Marylan                  | 136 COUNTY                              | gomery                | 13c CITY OR TOWN Rockvil   |               | 13d. INSIDE CITY LIMITS? YESEE NO | Rolli                       | ns Ave                | . &           | Jeffer      | sonSt           |
| BALTIMORE, MD. 2               | RM PM 3. RETAIN PO CGES 1, 2, AND 3. REM PM 3. RETAIN AND 2 SHOULD FOUNTAIN RECORD  | 14. FA        | ATHER'S NAME<br>FIRST    |   | nknown)               | LAST   |               | 15. MOTHER'S MAIDEN               |                             | unknow                | n)            | LAST        |                 |
| MOR                            | 2 4 7 -   | 16s. V        | VAS DECEASED E           | VER IN U.S. ARME                        | R OR DATES)           | 166. SOCIAL SECURITY   |               | 17. INFORMANT                     | 757-6-5                     | ADDRESS               |               | ston,       | Va.             |
| ALTIN                          |   |               | Yes                      | Wh                                      | II                    | 056-05-82  | 207           | Harold B                          | loom;                       | 2073 B                | ingh          |             |                 |
| ST.,                           | N 24 HOURS AND ITEM 1B. GIVING WITH ALONG WITH PERMIT. PAGIENE, DIVISIONEL.   |               | PART I DEAT              | DEATH (Enter only of<br>TH WAS CAUSED B | CAUSE (a)             | for (o), (b), ond (c).)  | Insu          | Hiciency                          | Acut                        | ٠.                    |               | BETWEEN ONS |                 |
| PRESTON                        | HIN 2. IN III IN III ISIT PE HYGI   |               | 411                      | 0                                       | DUE TO, OR            | AS A CONSEQUENCE C   | OF.           | /                                 |                             |                       |               |             | COLE            |
|                                | MINER<br>MINER<br>MINER<br>MINER<br>MINER   |               | gave rise                | if any, which<br>to immediate           | (b)                   |  |               | cardis V.                         | BSCUM                       | ar Dise               | 126           |             |                 |
| . W.                           | PE AL-  |               | lying cause              | ating the <u>under-</u><br>lost.        | DUE TO, OR            | AS A CONSEQUENCE C   | )F            |                                   |                             |                       |               |             |                 |
| 5, 30                          | XECUTE<br>G" IN P<br>CAL EX.<br>BURIAL<br>BURIAL<br>ON, OR  |               | PART 2 OTHER SIGNI       | FICANT CONDITIONS COR                   | NTRIBUTING TO DEATH B | OUT NOT RELATED TO THE TERMI   | NAT DISEASE   | OR CONDITION GIVEN IN PART        | 1 (a)                       |                       |               |             |                 |
| ORD                            | BE EXECTIONS MEDICAL AS A BU LITH ANI AATION  | NO            |                          |   |                       | The real state of the real sta | THE DISERSE   | OR CONDITION OF EN IN FARE        | 1 (0).                      |                       |               |             |                 |
| L REC                          | HOULD BE EXECUT RD "PENDING" IN CHIEF MEDICAL E: USED AS A BURI OF HEALTH AND /   | CERTIFICATION | 190. DATE OF O           | PERATION                                | 196. CONDIT           | ION FOR WHICH OPERA  | ATION W.      | AS PERFORMED?                     |                             |                       | - 13.13       | 20. AUTOPSY | ?               |
| VITA                           | ATE SHOUL<br>S. WORD "PI<br>THE CHIEF<br>ID BE USED<br>VENT OF HE<br>BURIAL CR  | TIFF          |                          |   |                       |  | 17.7          |                                   |                             |                       |               | YES 🗆       | ХХон            |
| DIVISION OF VITAL RECORDS, 301 | IR: THIS CERTIFICATE SHE  ITE, WRITING THE WORE  ORWARDED TO THE CF  ORWARDED TO THE CF  R. PAGE 3 SHOULD BE.  E STATE DEPARTMENT O  C. 21201 PRIOR TO BURIAL | CAL CE        | 210 EXTERNAL OUNDERLYING | OR CAUSE OF DE                          |                       | MONTH DAY YEAR   | 21c. HC       | OW INJURY OCCURRED                | (ENTER NATURE O             | F INJURY IN ITEM 18 P | ART 1 OR PART | 2}          |                 |
| VISI                           | CERT<br>TING<br>TING<br>3 SF<br>PEP   | MEDICAL       | 21d. INJURY OC           | CURRED                                  |                       | OF INJURY (AT HOME,<br>ORY, FARM, ETC.)  |               | TATION                            | CITY O                      | RIOWN                 | COUN          | ATY         | STATE           |
| ۵                              | THIS CER<br>WARDED<br>WARDED<br>PAGE 3 S<br>TATE DEP  | ~             | WHILE AT WORK            | NOT WHILE                               |                       |  |               |                                   |                             |                       |               | Je          |                 |
|                                | FORV<br>FORV<br>PR: P<br>HE ST<br>D, 21:  |               | 220. I certify t         | that I taak charge o                    | of the remains desc   | cribed above, held an  | Autops        | y , Inspection                    | N, Inqu                     | iry 🛣 and             | d in my opir  | nion        |                 |
| ~                              | EXAMINER<br>CERTIFICATI<br>ULD BE FOI<br>DIRECTOR:<br>, WITH THE  |               | death resulted           | from: Natural                           | couses X              | Accident , Sui   | cide .        | , Hamicide .                      | Undetermined                | manner,               |               |             |                 |
|                                | CAL EXAMI THE CERTIFI SHOULD BE RAL DIRECT ATH, WITH RE, MARYLAI  |               | ACTUAL                   | all                                     | 1.13                  | ell  |               | TITLE (SPECIFY)                   |                             |                       | DATE          | 12-23       | 3_80            |
|                                | SHC   |               | SIGNATURE                | AUVI                                    | 77 10                 |  | M.            | o vepor                           | MEDICAL EX                  | AMINER                | SIGNED        | 12-2.       | <del>)-00</del> |
|                                | TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BAITIMORE, MA  | (and          | EXAMINER'S NA            | JOHN                                    | BALL,                 | M.D.   |               | ADDRESS 7936                      | Old Ge                      | eorgeto               | wn R          | d., Be      | ethMd.          |
| 000                            | TO PAGE AFTI  | 23a.B         | URIAL, CREMATIC          | ON, REMOVAL 236.                        |                       | 23c. NAME OF CEM   | NETERY OF     | R CREMATORY                       | 23d LOCATIO                 |                       | COUNT         |             | TATE            |
| 000                            | BP  | 10            | Buria                    |   | 2-24-80               |  |               | Park Cem.                         | Broc                        | klyn,                 |               | York        | 100             |
|                                | DHMH - 17<br>(VR A15 ME (5))  |               | NERAL DIRECTO            |   | ADDRESS               | Rockville  | ≥, Md         | D-1- DE O                         | 9 & 1001                    | TRAR 256. PEGIS       | TRAR'S SK     | SNATURE     |                 |
|                                |   | 124           | DANSKVE                  | TI I I I I I I I I I I I I I I I I I I  | LUMBER                | I I /III KOCKI   | / 1 1 1 1 1 1 | TIME BICL                         | /. PI 1701                  |                       | 1             |             |                 |



Middens In the Well Street Lander Charles Commence of Police Simon 3 State 6 moration to line Terrendeped astronological Some 3 S. with 12/15/30 JAMES E EVERETT MAD COM HE KENNEDED face of the contract of the co perpendicular and beautiful and a second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 3 24-80 AHAM SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS YEAR DAY HOURS BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED AND WIDOWEDKX DIVORCED [ ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Jeweler (Ret) Jewelry DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 01 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Rockville 6121 Montrose Road YES XX NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST (unknown) LAST (unknown) ADDRGaithersburg, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) (IF YES, GIVE WAR OR DATES) 578-09-1825 Shirley B. Anderson; 19735 Greenside APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY monar IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO I ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 0 21e PLACE OF INJURY pup (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (D)(this hospital) attended the deceased from sow the deceased alive on 12/29/50 obove/(1)(we)/did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL Should be detained by with the State ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial 12-28-80 King David Mem. Falls Church, Virginia Gdn. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Danzansky-Goldberg Chapels; 1170 Rockville Pike (VRA 15 (4))

|                          | ZE KINDEN GAMINA      |             |   |  |
|--------------------------|-----------------------|-------------|---|--|
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|   | 1.            | FOR<br>- STATE<br>REGISTRAR  | DEPART  | STATE OF MARYLAND<br>MENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | REG. NO.                                | 2413  |
|---|---------------|--|---|--|---|---|
| 7   |               | CEASED NAME FIRST  | MIDDLE  | LAST De la c   | 20 DATE OF DEATH MONTH                  | 80 9 A M  |
|   | 3. SE         | Petre  | 4 RACE  | Boos  S DATE OF BIRTH  | 6. AGE (IN YEARS LAST BIRTHDAY)         | IF UNDER I YEAR IF UNDER 24 HRS                                       |
|   |               | Female   | White   | MONTH DAY YEAR 5-31-1899   | 81 YRS.                                 | MONTHS DAYS HOURS MIN.  |
| 1   | 7e B          | IRTHPLACE (STATE OR FOREIGN  | 76 CITIZEN OF WHAT COUNTRY  | 8 -  | 9 BALTIMORE CITY OR COUNT               | Y OF DEATH  |
| 877   |               | OUNTRY)<br>Denmark   | U.S.A.  | MARRIED NEVER MARRIED WIDOWED DIVORCED                                     | Mon                                     | t. MD.  |
| g-  | 10 C          | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSI   | NG HOME OR OTHER INSTITUTION   | 120 USUAL OCCUPATION                    | 17b. KIND OF BUSINESS OR  |
| 10  | Be            | ethesda  | Suburban Ho   |  | TYPE OF WORK FOR MOST OF WORKING LE     | (FE) INDUSTRY   |
| r must be   |               | AL RESIDENCE (IF NURSING HOMEO<br>STATE 13b COUL   | ROTHER INSTITUTION, GIVE RESIDENCE BEFO<br>NTY 13c CITY OR TOV<br>Wash. | D.C. 13d. INSIDE CITY LIMITS?  |   | tenden St., N. 1  |
| mine  | 14 FA         | ATHER'S NAME<br>FIRST  | MIDDLE LAST   | 15. MOTHER'S MAIDEN NA   | WE                                      | LAST  |
| 601   |               | Jens   | Lindbach  | Mette  |   | Pagh  |
| edicol  |               | WAS DECEASED EVER IN U.S. AF<br>YES, NO OR UNKNOWN) (IF YES, GIV                                 | RMED FORCES? 166 SOCIAL SEC   |  |   | Same as   |
| ol.<br>The medico   |               | No   | 578-46-   | 12374 Engelber   | t Boos (Husbar                          | above  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH                  |
| redse remove corbon par<br>iol, cremotion, or remove<br>or other froumotic event, |               | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.   | DUE TO, OR AS A CONSEQUE  | JENCE OF   | eorl                                    | 10 years  |
| to bur  | Z             | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBUTING TO  | DEATH BUT NOT RELATED TO THE TERM  | NINAL DISEASE OR CONDITION GI           | VEN IN PART 1(a)  |
| Ony C   | CERTIFICATION | 190. DATE OF OPERATION   | 196 CONDITION FOR WHICH   | Covernoma  | IN CERT                                 | S, WERE FINDINGS USED<br>IFYING CAUSES OF DEATH?<br>ES \( \) NO \( \) |
| Hem 18  | MEDICAL CE    | 710. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER | HOUR A.M. MONTH D   |  | RED (ENTER NATURE OF INJURY IN ITEM 18, | PART 1 OR PART 2)   |
| morked or   | ME            | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE,              |  | CITY OR TOWN                            | COUNTY STATE  |
| of He<br>21 is  | M             | sow the deceased alive or<br>abave, (I) (did no  | 1 2 29  1) view the bady after death.                                   |  | death occurred on the date and ho       |   |
| State Dept.   |               | 22d. PHYSICIAN'S NAME (TYPE C  | SWEyan  | DEGREE<br>M.D. ATTENDING<br>PHYSICIAN D                                    | MEDICAL STAFF DIRECTOR PHYSICIAN        | 12. 29. 80  |
| MPORT   |               | James 6  | V. EGAN   | 5413 Ceo   | Jar Ln B.                               | the da My   |

BP. DHMH - 16 25M

(VR A 15 (4) ) 9/74

Burial 12Representation 12Re 12-31-80 Mt. Rainier, Md.

23b. DATE

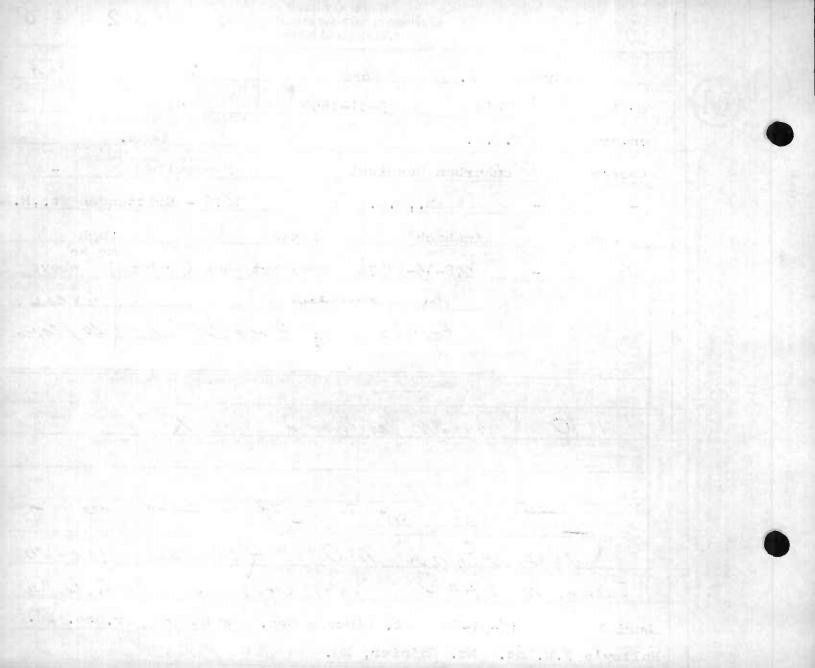
230 BURIAL, CREMATION, REMOVAL (SPECIFY)

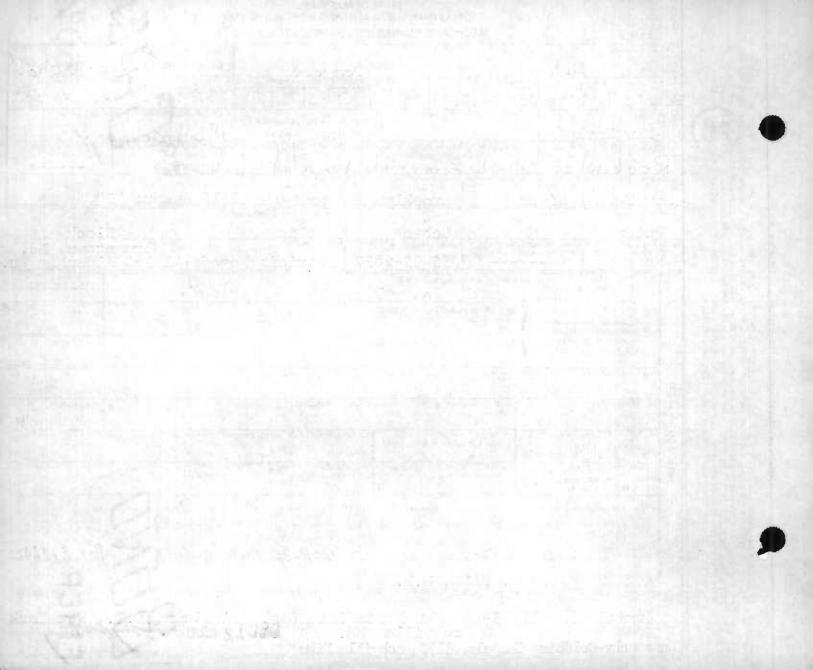
231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem. 23d. LOCATION CITY OF TOWN

Brentwood

Pr. Geo. Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE





| 5  |     | 1                 | FOR<br>- STATE   |                                     |                     | DEPAR                              | MENT OF H | E OF MARYLAND EALTH AND MENTAL     |              | ENE 8 0  | 3                   | 2 4                        | 1 5         |
|--|-----|-------------------|--|-------------------------------------|---------------------|------------------------------------|-----------|------------------------------------|--------------|--|---------------------|----------------------------|-------------|
| # E#   |     |                   | REGISTRAR CEASED NAME E OR PRINT)  | Walte                               | er                  | MIDDLE                             |           | AST Botos                          |              | REG. NO  |                     | , 1980 28                  | HOUR_       |
|  |     | 3. SE             | x<br>nale  |                                     | RACE<br>white       |                                    | 5. DATE O | DAY YEAR                           | .R           | 5. AGE (IN YEARS LAST BIRT                               | M                   |                            | UNDER 4 HRS |
| Pour Pour  | 109 | 1                 | IRTHPLACE (STATE ORFOR COUNTRY) W York   |                                     | U. S.               | WHAT COUNTRY                       | 2 8       | NEVER MARRIED                      | 9            | BALTIMORE CITY OF  |                     |                            | ME          |
| rs after de<br>by the fur<br>filed with:   | 70  | T                 | ethesda  | 1 11                                | (IF NOT IN SUC      |                                    |           | SPITAL                             | N I          | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF President | N                   | FIZE KIND OF B             | USINESS OR  |
| in 24 houy filled in should be   | 35  | N                 | Iaryland M   | s home ar of<br>b. COUNTY<br>Iontgo |                     | Bethesd                            |           | 13d. INSIDE CITY LIMIT<br>YES X NO |              | 3. STREET ADDRESS<br>6600 Kenhill                        | Road                |                            |             |
| ompletel<br>and 2 s  | 50  |                   | ATHER'S NAME<br>FIRST<br>Isadore   | MID                                 | DDLE                | Botos                              |           | 15 MOTHER'S MAIDER  Elizabetl      |              | WIDDLE   |                     | Solomo                     | n           |
| e execu  | 1   |                   | WAS DECEASED EVER IN<br>YES, NO OR UNKNOWN) (  | U.S. ARME<br>(IF YES, GIVE W        |                     | 181-16-                            |           | 17. INFORMANT Honor Bot            | tos          | 6600 Kenhil  |                     | Bethesd                    | a. Md.      |
| equires that the death cer<br>n signed by the attending<br>Then please remove carbo<br>ret buriol, cremation, ar re  |     | NOI               |  | diote<br>the<br>last.               | (b)<br>DUE TO, OI   | R AS A CONSEQUENCE ON TRIBUTING TO | JENCE OF  | lived blodd                        | fail<br>ler. | VAL DISEASE OR COND                                      | ITION GIVE          | 2 W<br>1 yr                | eels.       |
| ICIAN: The law r<br>g physician.<br>ertificate has bee<br>ial-transit permit.  | 29  | CAL CERTIFICATION | 19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL  | LYING DEATH                         | 21b. TIME O         | F INJURY<br>M. MONTH [             |           | 21c. HOW INJURY OC                 | CCURRE       | 200 AUTOPSY?  YES NOSE  D (ENTER NATURE OF INJUR         | IN CERTIFY<br>YES   |                            |             |
| at OR ATTENDING PHYS the haspital or attendin at DIRECTOR. After this of letached for use as the bur ste Dept. of Health and Me T. H Hem. 21 is marked on Me |     | MEDICAL           | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a. Leertify that (1) (th saw the deceased abave, (1) (we) (add 22b. SIGNATURE | nis haspital)                       | ) ottended th       | e deceased fram                    | 80 A lan  | DEGREE                             |              | city or tov  | ¥, I<br>te and hour | 9 8 , tho and from the cau |             |
| TO HOSPITA ettained by TO FUNER, should be d with the Sta  | 1   |                   | 22d. PHYSICIAN'S NAM   | E (TYPE OR PR                       | NTON                | 177.                               |           | 22e ADDRESS 190                    | . /          | 2 St NW  | Di                  | C.2000                     | 9.          |
| 953  |     |                   | Burial, cremation, re.<br>(Specify)<br>Burial  |                                     | 236. DATE<br>12-28- | 80 Ki                              | ng Dav    | id Mem. Pl                         |              | Falls Chu  | rch,                | Virginia                   | STATE       |
| DHMH-16 30M 2/80<br>(VRA 15, 4)  |     | 24 F              | UNERAL DIRECTOR J  | oseph<br>ve. N                      | Gawle<br>V. W.      | r's Sons                           | . Inc.    | 250                                | O DATE       | REC'D. BY REGISTRAR 2                                    | SH-REGISTR          | AR'S MONETUR               | oda,        |

.elgandaled damage-4 The second of th 1 5 Abrest 1. Fire 1 1002 de la company de l Middelle , Firelaid Jane Das her Suns, F. ATSOLDERSON AVO. 2 . W., V. EMB., E. V.

y= = E

North Carolina U.S.A. Rontgomery

Takoma Pirk

Maryland A.A. Gimbrills x 2441 Bell Branch Rold

Jodie John Soyette id Bille Wooten

yes Will 577-09-5079 Mary A. Boyette, 2441 Bell Branch Rold

Marie I literate the same in the sales

Burial 12/31/80 Fc. Lincoln Cem. Brentwoor, Marylon.

8call Funeral Home
16030 Minapolis Fd., Bowle, Mr.

0 - 10 Care with the first of the control o The state of the s form - sale to many. Andrew Jones ... Ell or little 14 · 105 47 Brand part ( Person ) to the body of the b Carrette Charles are and The second secon

| .30                        |  | - 1    | 3.5           |  |                       |                       |            | OF MARYLAND               |              | 0 0  | 200  |                                     |           |
|----------------------------|--|--------|---------------|--|-----------------------|-----------------------|------------|---------------------------|--------------|--|--|-------------------------------------|-----------|
|                            |  | 23     | 1-            | FOR<br>STATE<br>REGISTRAR                    |                       | DEPARTM               |            | ALTH AND MENTAL I         | HYGIEN       | 0 0  | 3 2  | 4 1                                 | 8         |
|                            | 1.3-4  |        | I DEC         | CEASED NAME - FIRST                          | word word             |                       | 77 1       | U Z                       | 120          | REG. NO.   | NTH DAY  | YEAR IZE HO                         | 2110      |
|                            | 8 25   | \      |               | John John                                    | R                     |                       | Or         | indles                    | 1            | DE INC.  | 241  | 980                                 | 55 am     |
|                            | ma (F. Ma)   |        | 3 SEX         |  | 4 RACE                |                       | S. DATE OF | F BIRTH NOAY YEAR         | 6 A          | AGE (IN YEARS LAST BIRTHDA                           | # UNDER  |                                     | ER 24 HRS |
|                            | age 4  | 1      |               | Male   | Caucasi               | an                    | Oct.       | 2, 1910                   |              | 70   | YRS.   | DAYS                                | MIN       |
|                            | hour hour  | 0,     |               | RTHPLACE ISTATE OR FOREIGN                   | 76 CITIZEN OF WHA     | AT COUNTRY?           | MARRIED    | NEVER MARRIED             | 0 18         | SALTIMORE CITY OR C                                  | OUNTY OF DEA   | TH                                  |           |
|                            | deal deal  | 06     | Wi            | sconsin                                      | United                |                       | WIDOWEL    | DNORCED                   |              | Montgomer  | y Count  | у                                   | MD.       |
| _                          | rs after   | 90     |               | evy Chase                                    | AF NOT IN SUCH FAC    | CILITY, GIVE STREET A | ADDRESS)   | nt Center                 | (TY          | USUAL OCCUPATION PEOF WORK FOR MOST OF WO Ret. Colon | PRKING LIFET INDL  | CIND OF BUSIN<br>USTRY<br>. S . Arm |           |
| 2120                       | hour<br>in by  |        |               | AL RESIDENCE (IF NURSING HOMEO TATE 134 COU  |                       |                       |            |                           |              |  | 10,  | , S . AI III                        | У         |
| 9                          | y filled ould be   | 36     |               |  | tgomery R             |                       |            | 131. INSIDE CITY LIMITS   | 5? 13e.      | STREET ADDRESS                                       | ator W   | 2 11                                |           |
| NIA.                       | within<br>tely fill<br>should  | Ye     |               | THER'S NAME                                  | <u> </u>              | OCKVII                | 10         | 15. MOTHER'S MAIDEN       |              | LZ WALCHWA   | TLEI WE  | 1 y                                 | -         |
| MARYLAND                   |  | 16     |               |  | MIDDLE H.             | Brind1                | ev         | Agnes                     |              | MIDDLE   | McCon  | r d                                 |           |
|                            | executed<br>d comple<br>s 1 and 2  | $\sim$ | Iáa V         | AS DECEASED EVER IN U.S. AF                  | MED FORCES? 166       | SOCIAL SECUI          | -          | 17 INFORMANT              | ,            | ADDRESS  | 110001   | . u                                 |           |
| BALTIMORE                  | e be ex  |        | ١.            |  | T I 3                 | 88-30-                | 2202       | Panalana                  | Resi         | indley, Sa   | 2 7 2 2 2  | #13                                 |           |
| NT.                        | ician<br>rs. P   | 1      |               | 18 CAUSE OF DEATH (Enter o                   |                       |                       |            | renerope                  | DI           | Indiey, 3  | ame as   | APPROXIMATE INT                     | ERVAL     |
| :                          | death certificate<br>ending physiciar<br>carbon papers. P<br>on, or removal.   | 2      |               | PART I. DEATH WAS CAUSI                      | D BY                  | 0201                  | CA Y       | ora H                     | al           | wre  | - 5  | H177)1                              | 05        |
| N ST                       | th ce<br>ling<br>bon<br>or re  | T PILL |               | 11911 IMMEDIA                                | TE CAUSE (o)          | 000                   |            |                           | 1            | 7  | 1  | 1001                                |           |
| PRESTON                    | death<br>ttendin<br>carbo<br>ion, or   |        | 10            | Conditions, if any, which                    | DUE TO, OR AS         | A CONSEQUE            | NCE OF     | Ktrupting                 | O K          | UMPRAVE  | Oscady   | 12ew                                | 3         |
| OK<br>OK                   | hat the dea<br>y the atten<br>remove car<br>cremation,   |        |               | gave rise to immediate                       | 16)                   |                       |            | 30.100,100                |              |  | 2  |                                     |           |
| - ₹                        | 000  | 5      |               | couse (a), stating the underlying couse last | DUE TO, OR AS         | A CONSEQUE            | NCE OF     |                           |              |  |  |                                     |           |
| 201                        | quires<br>gned I<br>pleas<br>burial  | Jury   |               | PART 2 OTHER SIGNIFICANT                     | CONDITIONS CONT       | RIBUTING TO D         | EATH BUZ   | NOT RELATED TO THE T      | FRAINA       | I MISEASE OR CONDITI                                 | ON GIVEN IN P  | ART Hou                             |           |
| SDS,                       | red<br>to  | À      | No            | (la  | raino                 | ma                    | 01         | - PMS                     | ta           | 70   | 00   |                                     |           |
| Ö                          | ne law<br>is beer<br>nit. Th<br>prior  | - d    | ATA           | 19a DATE OF OPERATION                        | 1% CONDITIO           | N FOR WHICH           | OPERATION  | WAS PERFORMED             |              |  | b. IF YES, WERE  |                                     |           |
| 2                          | The e has learnitene pr  | 2      | E             |  |                       |                       |            |                           |              | YES NO NO  | CERTIFYING C.  | AUSES OF DEA                        |           |
| /ITA                       | PHYSICIAN: ng physician. this certificate urial-transit p Mental Hygie   | 9      | CERTIFICATION | 210 ACCIDENT WAS UNDERLYING                  | 216. TIME OF IN       |                       |            | 21c HOW INJURY OCC        |              | (ENTER NATURE OF INJURY IN                           | - Constitution of the Cons |                                     |           |
| OF.                        | physician mg physician this certifica urial-transit. Mental Hyg  |        |               | OR CONTRIBUTING CAUSE OF DE                  |                       | MONTH DA              | Y YEAR     |                           |              |  |  |                                     |           |
| DIVISION OF VITAL RECORDS, | TENDING PHYSICIAN: The I or attending physician. TOR: Atter this certificate has buse as the burial-transit permit. Health and Mental Hygiene print attending the permit of the permit is the permit of the permit is the permit and permit is the permit in the permit is the permit in the permit in the permit is the permit in the permit in the permit in the permit is the permit in the permit in the permit in the permit in the permit is the permit in t |        | MEDICAL       | 214 INJURY OCCURRED                          | 21e PLACE OF I        | NJURY                 |            | 211 LOCATION              |              |  |  |                                     |           |
| VISI                       | After the Sthe Sunday  | D      | X             | WHILE NOT WHILE O                            | (AT HOME, STREET, I   | FACTORY, OFFICE, FA   | ARM, ETC.] | STREET                    | 0-           | CITY OR TOWN   | 2// coun   | 111                                 | STATE     |
| ٥                          | END<br>or att  | 2      |               | 220 L certify that (I) (thusbare             | ital) attended the de | ceased from 1         | WG (       | 28 19                     | 80           | 10 111   | 19   | O that (I)                          | (weblost  |
|                            | ATTE pital or ECTO for use   | 7      | 1             | sow the deceased alive or                    |                       | 1 19                  |            | d that in (my) (our) apin | nion deat    | h occurred on the date                               | and hour and fre   | om the couses :                     | stoted    |
|                            | the hospital the hospital AL DIRECT trached for the Dept. of   |        |               | ZZY SYGNATUREZ                               | or view me body one   | r dedin.              | D          | DEGREE                    | The state of |  | 220  | DATE SIGNE                          | 0/        |
|                            | TAL PAL Detach   |        | -             | XX 2   | Lu                    |                       |            | ATTENDING<br>PHYSICIAN    | IG N         | AEDICAL STAFF  |  | 12/24                               | 180       |
|                            | SPIT<br>by<br>by<br>ER<br>Sta  |        |               | THE PHYSICIAN'S NAME (TYPE                   | OR PRINTY             |                       |            | 22e ADDRESS               |              |  |  | 1-11                                | 00        |
|                            | TO HOSPITAL OR. Tetained by the hosp TO FUNERAL DIRE should be detached if with the State Dept.  | 5      |               | Horace Be                                    | rnton M               | D                     |            | 4743 Pro                  | d1a-         | Blvd. Che  | vv Cha   | ase M                               | D         |
| 101                        | of the state of th | -      | 23a. R        | URIAL CREMATION REMOVAL                      |                       |                       | IAME OF CE | METERY OR CREMATO         |              | 234 LOCATION   |  |                                     |           |
| 104                        | BP   |        | 11            | atomical Gif                                 |                       |                       |            | H.S.                      |              | Bethesda   | COUNTY   |                                     | STATE     |
|                            |  | 115    |               | INERAL DIRECTOR Robe                         |                       |                       |            |                           | DATE RE      | C'D. BY REGISTRAR 25h.                               |  |                                     |           |
| 1                          | DHMH-16 2!<br>(VRA 15, 4) 1  |        | F             | lomes, P.A.                                  | Rockvil               | PARRESS Y             | rula-      | d                         | AN2          | 1981   | with the same  | Paranti                             | 1         |
| 1                          |  |        |               | ,  |                       | LIG.                  | - y - a i  |                           | 1111~        | 1.001  |  |                                     |           |

Control of the state of the sta thery ladies included acceptance contest wilders and exactly Wall responded to the A sale believes the sale bungling LIE at an a relative complete a subsequent to the subsequence of deliver to average contoll Monty and Land 1250 Santon numer, c.A. townstilled threatens of a second

10 Part - 186 7 162 78 We can be stated the state of t Proceeding the REMESSES TON BURNESS SOME MILLS OF THE SONY Misseylas A D. Duran British & Tory Duran Water Bl. FRAME OF STREET PARTIES OF THE STREET ES KETELYES STATE LIBS NEVER SCHOOL SCHOOL SCHOOL SCHOOL STATE the state of the course of courses I september it BAIL con livery All . Example a more season PA THYA I SWITH SHE

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| 1. DEC |

physician and campletely filled in by the funeral director, npapers. Pages 1 and 2 shauld be filed within 72 haurs after

signed by the attending physician

injury, ar other traumatic

and Mental Hygrene prior to burial, ial-transit permit this certificate has been

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

24 FUNERAL DIRECTOR Money & King

171 W. Maple Ave., Vienna, Va. 22180

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

250 DATE CO. BY THE GOOD 250. RESISTANCE

REG. NO.

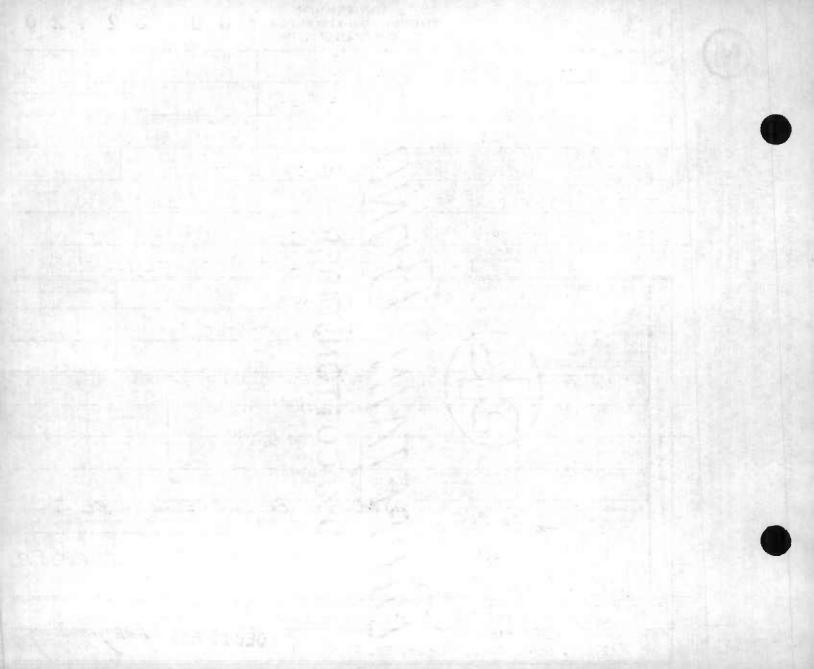
2

|               | CEASED NAME FIRST  | WIDDLE   | 1                  | AST                                 | 20. DATE OF DEATH        | MONTH            | DAY YEAR 26 HOUR                             |
|---------------|--|--|--------------------|-------------------------------------|--------------------------|------------------|--|
| (179)         | BRYAN  | BAILEY   | BROW               | N JR                                |                          | 75 08            | 1980 0040Am                                  |
| 3. SE         | X  | I. RACE  | 5. DATE C          |                                     | 6 AGE (IN YEARS LAS      | BIRTHOAY)        | IF UNDER 1 YEAR IF UNDER 24 HRS              |
|               |  | CAUC   | AUG                | 21, 145                             |                          | YRS.             | MONTHS DAYS HOURS MIN.                       |
| 7a. B         | IRTHPLACE (STATE OR FOREIGN  | L CITIZEN OF WHAT COUN                                   | MARRIEI            | D X NEVER MARRIED                   | 9. BALTIMORE CIT         | Y OR COUNTY      | Y OF DEATH                                   |
|               | HAWAII   | AZU  | WIDOWE             | DIVORCED                            | □ MONTGO                 |                  | COUNTY MD.                                   |
| 10 C          | ITY OR TOWN OF DEATH   | 1. NAME OF HOSPITAL, N<br>(IF NOT IN SUCH FACILITY, GIVE |                    | OR OTHER INSTITUTION                | 128 USUAL OCCUP          |                  | 12b. KIND OF BUSINESS OR                     |
|               |  |  |                    | DICAL CEN                           | · US GOVER               | NMENT            | NAVY   |
| V.            | AL RESIDENCE (IF NURSING HOME RESTATE 135 COUN FAIR  | TY 13c CITY OR   | TOWN               | 13d. INSIDE CITY LIMITS<br>YES X NO | 1017 GE                  | LSTON            | CIRCLE                                       |
|               | BRYAN BA   | ILEY BROW  | N SR               | JOSEPHINE                           | MATI                     |                  | ETTLINE                                      |
|               | NAS DECEASED EVER IN U.S. ARA  | WAR OR MATES   | SECURITY NO.       | DONICA A E                          | ROWN 1017                |                  |  |
|               | 18 CAUSE OF DEATH (Enter only<br>PART I. DEATH WAS CAUSED  |  |                    | FAMURE                              |                          |                  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|               | 190 IMMEDIATE  | CAUSE (o)  | TCH 10K4           | 1 Micaize                           |                          |                  |  |
|               | 1///   | DUE TO, OR AS A CONS                                     | EQUENCE OF         | whomas in                           | ETASTATIL                |                  |  |
|               | Conditions, if any, which  | (b) MUEN   | OCARCI             | MONIN III                           | EIMSTALLE                |                  |  |
|               | couse (a), stating the underlying couse lost.  | DUE TO, OR AS A CONS                                     | EQUENCE OF         |                                     |                          |                  |  |
|               | underlying coose lost.   | (c)  |                    |                                     |                          |                  |  |
| Z             | PART 2 OTHER SIGNIFICANT CO  | ONDITIONS CONTRIBUTING                                   | TO DEATH BUT       | NOT RELATED TO THE T                | ERMINAL DISEASE OR C     | ONDITION GIV     | VEN IN PART 110                              |
| CERTIFICATION | 19a. DATE OF OPERATION   | 196 CONDITION FOR W                                      | HICH OPERATIO      | N WAS PERFORMED                     | 20a. AUTOPSY?            |                  | S, WERE FINDINGS USED                        |
| TIFIC         |  |  |                    |                                     | YES TO NOT               |                  | FYING CAUSES OF DEATH?                       |
| ERI           | 210. ACCIDENT WAS UNDERLYING   | 216. TIME OF INJURY                                      |                    | 21t HOW INJURY OCC                  | CURRED (ENTER NATURE OF  | -                |  |
|               | OR CONTRIBUTING CAUSE OF DEAT  |  |                    | 114 314 5                           |                          |                  |  |
| MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINER)  | P.M.<br>21e. PLACE OF INJURY                             | 19                 | 211, LOCATION                       |                          | 0.00             |  |
| ME            | WHILE NOT WHILE AT WORK  | (AT HOME STREET, FACTORY, O                              | FFICE, FARM, ETC.) | STREET                              | CITY O                   | RTOWN            | COUNTY STATE                                 |
|               | 220.   certify that # (this haspite  | ol) attended the deceased f                              | rom 28 M           | 101 198                             | 0 10 060                 | EC               | 19 PD, thotal (we) lost                      |
|               | sow the deceased alive an  | 06 0EC   | 19 0 , or          | nd that in (my) (aur) apin          | ion death occurred on th | e date and hou   | or and from the causes stated                |
|               |  | view the body ofter death.                               |                    | DEGREE                              |                          |                  | 22c. DATE SIGNED                             |
|               | 77h SIGNATURE A  |  |                    |                                     |                          |                  |  |
|               | THE SHOWN TURE OF THE SHOWN THE SHOW | Skin   |                    | ATTENDINI<br>PHYSICIAN              |                          | TAFF<br>SICIAN [ | 0606080                                      |
|               | 721 PHYSICIAN'S NAME (URFOR  | SLM<br>BRINT)<br>LY I N                                  |                    |                                     |                          |                  | 0606680                                      |
|               | WSWA.  | SKM<br>PRINT) N<br>23b. DATE<br>12/9/80                  | 23¢ NAME OF C      | PHYSICIAN                           | N DIRECTOR PHY           | SICIAN           | 0606C80                                      |

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After should be detached for with the State Dept. of



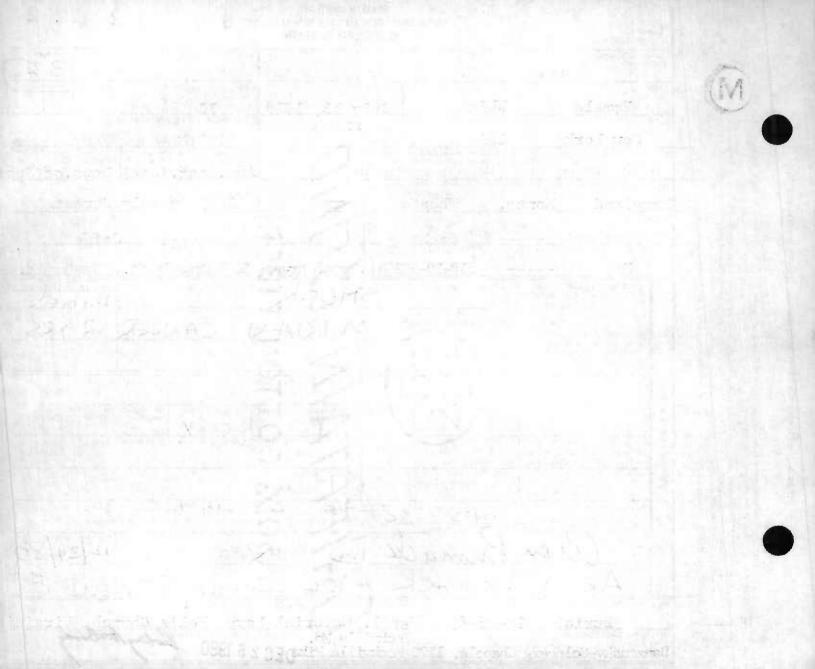
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2s. DATE OF DEATH можен 2h HOUR (TYPE OR PRINT) ERNEST 4 RACE 3 SEX AGE (PUTEARS LAST BETHDAY) IF UNDER I YEAR IF UNDER 2 5 DATE OF BIRTH HR YEAR HOUR5 White 76. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED W. Va MONTGOMERI DIVORCED | WIDOWED ID CITY OR TOWN OF DEATH 124 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE COOK Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. Mont. 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 3707 Brightview Avenue YES H FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jesse ALIDIDI E Rav MIDDLE White Ina Lost Virginia (Brother) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Jennings Brown 235-16-0718 None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IN DUE TO, OR AND CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206/IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on ) above (1) we (did which not) and that in/my) (aur) apinion death occurred on the date and hour and from the causes stated ew the body after death DEGREE 775 SIGNATOR 22c DATE SIGNED ATTENDING A MEDICAL STAFF ld be detacthe State DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22 ADDRESS 230 NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, REMOVAL 23d LOCATION 236. DATE Lost ( 12/13/80 Brick Church Cem 1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250 REGIS BP. Burial 14 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home, Inc. **DHMH-16 25M** (VRA 15, 4) 1/79 11800 New Hampshire Ave, Silver Spring, Md

Danzansky-Goldberg Chapels; 1170 Rockville Piker C 26

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



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DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

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REGISTRAR

DECEASED NAME

Robert A. Pumphrey Funeral Home, Bethesda, Md.DEC 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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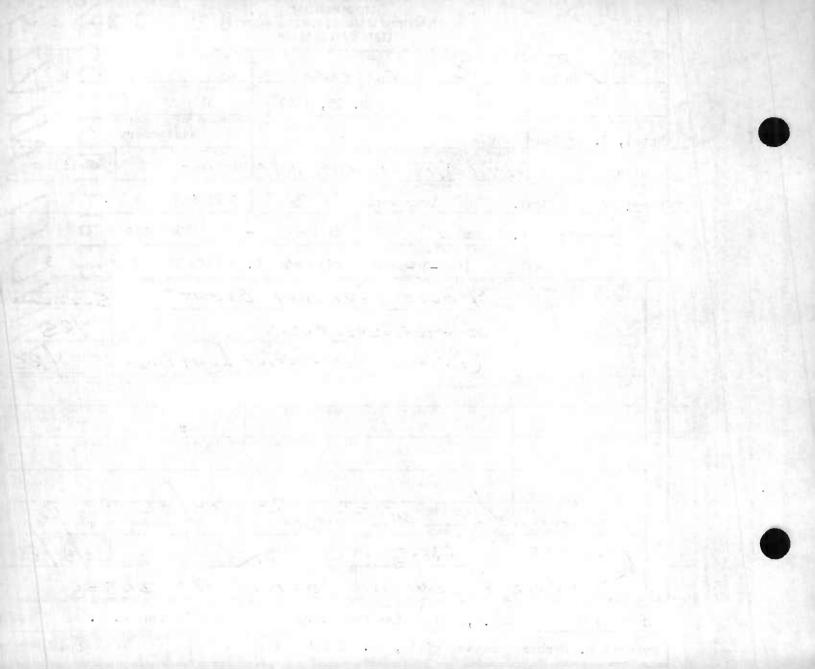
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20 DATE OF DEATH MONTH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR KENNETH CHANDEER BUNKER 20. DATE OF DEATH MONTH 1. DECEASED NAME 26. HOUR LTYPE OR PRINTS ennerh. UNKER SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 MRS WHITE MALE FEB. 25, 1899 81 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery TISA Natal, S. Africa WIDOWED IN CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR HIPE OF WORK FOR MOST OF WORKING LIFE NDUREligion Olney W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE | IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY Silver Springyes \* 130 STREET ADDRESS Rock Dr. 13d INSIDE CITY LIMITS? Mont. Maryland 14 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE MRichards Isabel R. Bunker Frederick ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as # 13 T. HALLOWELL Wilburta 048-30-6400 A WWI Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c) E.VERUS PART I. DEATH WAS CAUSED BY: ORONARY TOUTE UDDEN. IMMEDIATE CAUSE IN DETERIOSOLUEROS Conditions, if any, which gove rise to immediate cause (a), stating the PRETEUCTIVE LUNG DISON underlying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 18s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. Tin AUTOPSY? 70s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIN NO IT VES [ THE HOW INJURY OCCURRED (ENTER HATURE OF PRIMEY IN ITEM 18, PART & DEPART 2) 21st. ACCIDENT WAS UNDERLYING. [1] 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH ( P ETHER, NOTBY MEDICAL EXAMINER) TH LOCATION 214 INJURY OCCURRED THE PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC. CITY OF TOW STATE WHAE HOT WHILE [ 72s.1 certify that [1] (this haspital) attended the deceased from lour) opinion death occurred on the date and hour and from the course stated ecedy dollar on the body of the death and that in my 175 SHOWATURE DEGREE TN. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 27NEHYSICIAN'S NAME LIVE OF PRINTS 27e ADDRESS 230 BURIAL, CREMATION, REMOVAL 73c. NAME OF CEMETERY OR CREMATORY 1236. DATE STATE Washington, D. C. JAN.1,1981 Lee Crematory CREMATION 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. PEGISTRAR'S SIGN MURE DHMH - 16 50M 1/76 Francis H. Barber Lavtons Tile. Md. 20760 (VR A 15 (4))

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) OF ESTI-Kris 30,0 80 Burkness Ann 4 RACE 1 105 A M 5. DATE OF BIRTH A. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE TO THE FUNERAL DIRECT N PAGE 5 FOR YOUR B BE FILED, WITHIN 72 FDS, 201 W, PRESTON PRONOUNCED White Female Sept.3,1965 30 19 80 DEAD 15 YRS Th CITIZEN OF WHAT COUNTRY 78. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED T FOREIGN COUNTRY! U.S.A. Minnesota WIDOWED DIVORCED Montgomery County RETAIN PAGE 5 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Rockville Student Shady Grove Adventist Hospital SHOULD 3a STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Gaithersburg 15 Midline Court Maryland Montgomery NO [] YES T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIVE PAGES 1, 2/ITH FORM PM 2 MIDDLE LAST MIDDLE John Lila Burkness Karsten In WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT No John C. Burkness. Item 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Mechanical Asphyxia IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CREMENCATE, WRITING THE WORD "FE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYBAND, 21201 PRIOR TO BURIAL, of 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY Passenger in auto that lost control and HOUR A.M. MONTH DAY UNDERLYING OR OF DEATH overturned, pinning subject PLACE OF INJURY 214 INJURY OCCURRED 18701 Frederick Road, Gaithersburg, /Maryland STREET, FACTORY, FARM, FTC.) NOT WHILE AT WORK street 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Undetermined manner TITLE (SPECIFY) DATE 12/30/80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street, Baltimore, Md.21201 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation Jan. 2, 1981 Westview Baltimore BP 24. FUNERAL DIRECTOR 250. DATE AND BY REGISTER **DHMH-17** NAMOlin L. Molesworth, Damascus, Md. (VR A15 ME (5)) 15M 2/80

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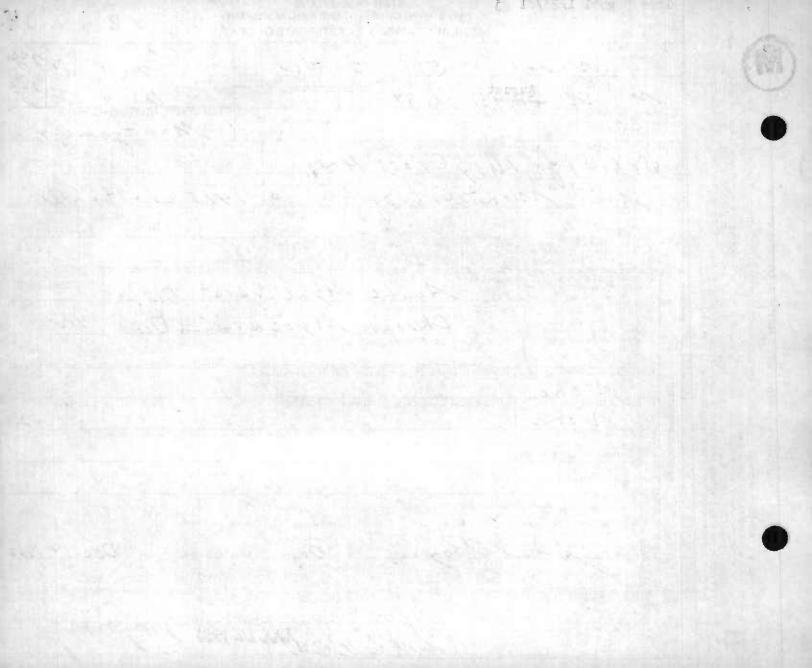
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME LAST 2a DATE OF DEATH MONTH TYPE OF PRINTS 6401 1980 Nelda Elaine Burton December 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female Caucasian Mav 1952 TE BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED United States WIDOWED Missouri DIVORCED [ Montgomery County 10 CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Silver Sprin Holy Gross Hospital Dental Ass't Dentistry USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE THE COUNTY Montgomery Gaithersbur 13e. STREET ADDRESS 1134 INSIDE CITY LIMITS? Maryland 14908 Chestnut Ridge Court NO C 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Charles McLear Terressa Lorton & WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT Husband [YES, NO OR UNKNOWN] I IF YES, GIVE WAR OR DATEST No 494-52-9871 Dr. John F. Burton Same as item 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDLD RESILATORY DUE TO, OR AS A CONSEQUENCE OF notive interestable itemande Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause RVATURED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO [ YES [ 00 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 R HOUR A.M. MONTH DAY YEAR Mental dor he OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERA uld be det 22e ADDRESS 224 PHYSICIAN'S NAME ITYPE OR PRINT! 5454 Wisconsin Avenue Bethesda, Md. 236. DATE Dec. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Buria1 Mt. Olivet Cemetery Kansas City, Missouri 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL **DHMH-16 25M** HOMES, P.A., ROCKVILLE, MARYLAND (VRA 15, 4) 1/79

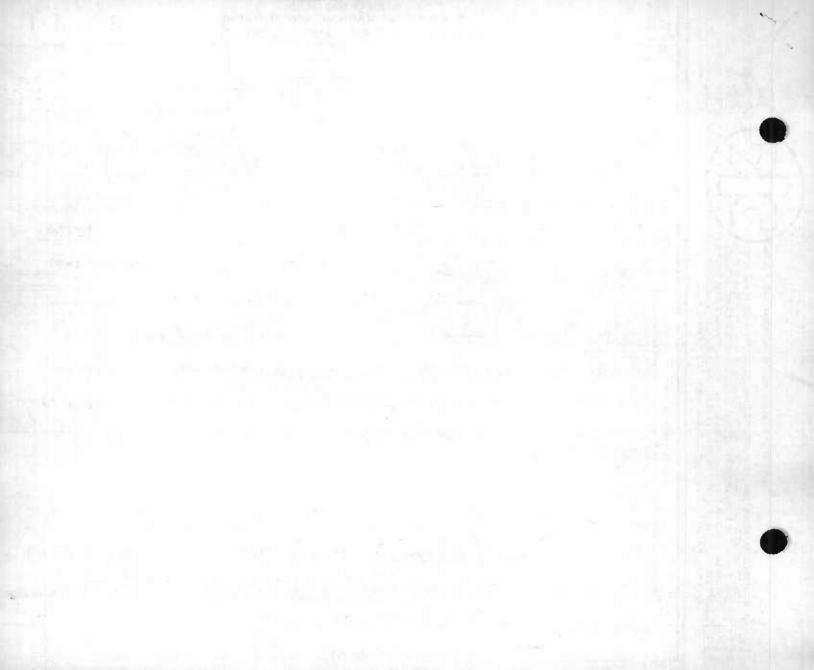
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN ESTI-(TYPE OR PRINT) DEATH MATED IF UNDER 24 HRS SEX DATE OF BIRTH DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Maryland OR INDUSTRY Retired Nurse 134 INSIDE CITY LIMITS? 130 STREET ADDRESS Maryland Montgomery Spring 107 Indian Spring Drive, YES X NO [ 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE (unknown) (unknown) 17. INFORMATCOUSIN) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 6294 William P. Gannon- (same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28 AUTOPSY? YES UNDERLYING OR WEDICAL ONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE Oce.1,1986 SECNATURE John S. Rogers, DME ADDRESS Silver Spring, Maryland 23a, BURIAL, CREMATION, REMOVAL 23b. 12-5-1980 St. Johns Cemetery Burial ery Forest Glen Montgomery Md.
250 DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE 24 FU Warner E. Pumphrey, Inc. **DHMH** - 17 1980 (VR A15 ME (51) 8434 Ga. Ave., S.S. Md 15M 7/76

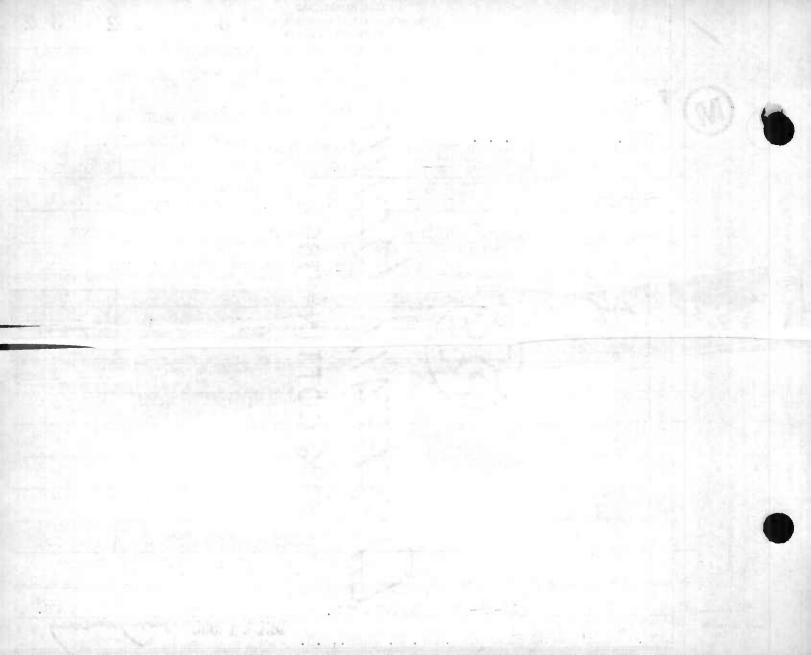
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| NAME OF STREET   | 2             | AT WORK          | NOT WHILE           |                       | ACTORY, PARM, ETC.)       |                 | STREET           |                 | CITY C        | RTOWN                | CG         | UNTY      |               | STATE     |
| NAMER: THIS CERTIFICATE SHOUDD F<br>FICATE, WRITING THE WORD. "PER<br>FE FORWARDED TO THE CHIEF M<br>CTOR: PAGE 3 SHOULD BE USED A<br>1 THE STATE DEPARTMENT OF HEAL<br>LAND, 21201 PRIOR TO BURL, CI  |               |                  | THE WORK            |                       |                           |                 |                  |                 |               |                      |            |           |               |           |
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| A SERVICE A  |               | death resulte    | from: Ngtu          | comes K               | A Accident                | Sillide         | , Hamic          | ide,            | Undetermine   | d manner .           |            |           |               |           |
| AR WILL  |               | /                | 77                  | 7                     | 19                        | 1               | TITLE (SI        | PEC(FY)         |               |                      |            |           |               |           |
| A THOUSE THE   |               | SIGNATURE_       | 14                  | Count                 | 1/hour                    | 10              |                  |                 | EFMEDICAL E   |                      | DATE       | 1.2       | /23/          | 80        |
| ZESEZ Z  |               | SIGNATORE        | 101                 | The same              | 11000                     | 1               | m artification   | y On Le         | MEDICAL E.    | XAMINER              | SIGNI      | D         | 1431          | 00        |
| MEDICAL<br>CUTE THE<br>SE 4 SHO<br>SE 4 SHO<br>FE DEFATH<br>TIMORE,  | Sales -       | EXAMINER'S       | NAME                | The                   | D C 345                   | N D             |                  | 111 D           |               | D 1                  |            |           |               |           |
| ALT FEE PAGE   | _             | (TYPE OR PRIN    |                     | Thomas                | D. Smith,                 | м. D.           | _ADDRESS_        | TIT Le          | enn St.       |                      | to.,       | MD.       |               | 87        |
| TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABLIMORE, MARYTAND, 2   | 23a.Bl        | PECIFY)          | ION, REMOVAL        |                       |                           |                 | owner.           | PAT.            | 23d. LOCATIO  | N                    | cou        | NIY       | STA           | TE        |
| 1908P  |               | Buria            | 1                   | 12-26-1               | 980 Liber                 | cty Ba          | apt. C           | Church          |               | bon                  |            |           | Mo            |           |
| / /  | 3ME           | NERAL DIRECT     | 100                 | hrey,                 |                           | 1               |                  | 250. DATE RE    | C'D. BY REGIS | TRAR 256. REG        | STRAR'S    | GHATU     |               |           |
| DHMH - 17<br>(VR A15 ME (5))   | 1             | - WALCT T        | · rump              | S.S. Md               | 150 16                    | 11/.            | ail              | JAN             | 5 19          | 81 12                | jefterus,  | Acc.      | readis        |           |
| 15M 2/80   | 84            | 34 Ga            | Ave.                | .b. Ma                | Vary20                    | wes             | 61               |                 |               |                      |            |           | 7             |           |



| MALE    SEX   SEX  | 18                                       | FOR<br>STATE<br>REGISTRAR             |   | D                           | EPARTMENT OF H    | E OF MARYLAND<br>EALTH AND MENTAL HYG<br>ICATE OF DEATH   | GIENE 8 0                 | 3 2                           | 1 3 2             |
|--|--|---------------------------------------|---|-----------------------------|-------------------|---|---------------------------|-------------------------------|-------------------|
| MALE  MALE  MHITE  DECEMBER 22,1955  ARRED  NEVER MARRED   |  |                                       |   |                             |                   |   | 2a. DATE OF DEATH         | MONTH DAY YEAR                | 2b HOUR           |
| MALE  The December 22, 1955  24  White  The December 22, 1955  25  White  The December 25   |  |                                       |   |                             |                   |   |                           |                               | 12:07AM           |
| TR. BRITHERACE STATE OF PORTION    COUNTY   WARRIED   NEVER MARRIED   NEVER MA |  | ,                                     | 4   |                             | MONT              | DAY YEAR  |                           |                               |                   |
| MARRIED   NOVER MARRIED   NOVEL MARRIED   NOVE | A)                                       |                                       |   |                             |                   | EMBER 22,1955   |                           |                               |                   |
| BETHESDA CLINICAL CENTER, BETHESDA, MD STUDENT EDUCATION  BETHESDA CLINICAL CENTER, BETHESDA, MD STUDENT EDUCATION  BY DISACRESSEE NO. 10 STUDENT STUD | -79                                      | TENN.                                 |   | TI C A                      | MARRIE            | □ 22200V40 □  | MONTGOMER                 | Y COUNTY.                     | MD                |
| The STATE TENNESSEE    The County   The STATE   The County   The MEMPHIS   THE MEMPHIS | 26                                       |                                       |   |                             |                   |   | TYPE OF WORK FOR MOST C   | OF WORKING LIFE) INDUSTI      | RY                |
| WAILACE EDWARD BYRD MILDRED MODE BOSTÓN  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  166 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  167 WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS INFORMATION ADDRESS INF | \$2 C1 13                                | Bo STATE                              | URSING HOME OR O                                | Y 13c. CITY (               | OR TOWN           | YES X NO  | 4888CORRO                 | ROAD 38                       | 109               |
| 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 187 INFORMANT ADDRESS 188 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS ORD DATE) 189 INFORMANT INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS ORD WAS ORD DATE) 180 INFORMANT INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U. S. ARMED FORCES? (187 E.G.) WAS AS ADDRESS 180 INFORMANT ADDRESS 180 INFORMAN |  | FIRST                                 |   |                             |                   |   |                           | BOST                          | ÓŇ                |
| CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).)   PART   DEATH WAS AUSED BY.   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSED BY.   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSED BY.   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSED BY.   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSED BY.   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   2 - 5 HOUR     PART   DEATH WAS AUSTRALIAN   MASSIVE SUBDURAL HEMORRHAGE   MASSIVE SUB   |  |                                       |   |                             | AL SECURITY NO.   | 17 INFORMANT  | ADDR                      | ESS                           | +                 |
| PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only ane couse per line for (a), (b), and (ct.)   PART   DEATH   Enter only and (ct.)   PART   DEATH   Enter onl   | ged 3                                    |                                       | (IF YES, GIVE                                   |                             | 02-4309           | MRS. MILDRED  | BYRD (MOTH                | ER) SAME AS                   | ABOVE             |
| TO THE STATE DOES TO STATE OF OPERATION    196   DATE OF OPERATION   196   CONDITION FOR WHICH OPERATION WAS PERFORMED   280. AUTOPSY?   280. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES   NO   YES   | or re mayal                              | 18 CAUSE OF DEATH                     | WAS CALISED                                     | UE TO ORAS A CO             | VE SUBDU          | COLUMN TO SERVICE DE LA COLUMN TO SERVICE DESTRUCCION TO SERVICE DE LA COLUMN |                           | 2 -                           | 5 HOURS           |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION SUBSETION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:00    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN CONTRIB |  |                                       |   | I A C                       | STATIC BU         | RKITTS LYMPH  | UMA .                     | 4 19                          | UNIHS             |
| OR CONTRIBUTING CAUSE OF DEATH    CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   COUNTY MEDICAL EXAMINER)   P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)   21f. LOCATION   STREET   CITY OF TOWN   COUNTY   STANDARD   CITY OF TOWN   COUNTY   STANDARD   CITY OF TOWN   COUNTY   STANDARD   CITY OF TOWN   COUNTY   COUNTY   CITY OF TOWN   COUNTY   COUNTY   CITY OF TOWN   COUNTY   CITY OF TOWN   COUNTY   COUNTY   CITY OF TOWN   COUNTY   COUNT | × 50                                     | PART 2 OTHER S                        | GNIFICANT CO                                    | onditions <u>contributi</u> | NG TO DEATH BUT   | NOT RELATED TO THE TERM   | NINAL DISEASE OR CON      | IDITION GIVEN IN PART         | 1(0)              |
| OR CONTRIBUTION COLORS OF DEATH  (IF EITHER NOTIFY MEDICALEXAMINER)  P.M.  19  216. INJURY OCCURRED  216. INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  216. INJURY OCCURRED  216. INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  226. I certify that (X(this hospital) ottended the deceased fram NOVEMBER 27, 19.80, to DECEMBER 21, 19.80, that (X(w) saw the deceased aftive an above, (X(we)) (did) (AMM) view the body offer death.  226. I certify that (X(this hospital) ottended the deceased fram NOVEMBER 27, 19.80, to DECEMBER 21, 19.80, that (X(w) saw the deceased aftive an above, (X(we)) (did) (AMM) view the body offer death.  226. I STAFF  227. I PRYSICIAN DIRECTOR DHYSICIAN | yaws any                                 | 190 DATE OF OPER                      | RATION  | 196 CONDITION FOR           | WHICH OPERATIO    | N WAS PERFORMED   |                           | IN CERTIFYING CAUS            | SES OF DEATH?     |
| 21d. INJURY OCCURRED    1/2   PLACE OF INJURY  |  |                                       | CAUSE OF DEATH                                  | HOUR A.M. MON               |                   | 21c. HOW INJURY OCCURI  | RED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART 1 OR PART | 2)                |
| sow the deceased ative an DECEMBER 21 19 80, and that in XX (our) opinion death occurred on the date and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative an DECEMBER 21 19 80, and that in XX (our) opinion death occurred on the date and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative an DECEMBER 21 19 80, and that in XX (our) opinion death occurred on the date and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative an DECEMBER 21 19 80, and that in XX (our) opinion death occurred on the date and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative an DECEMBER 21 19 80, and that in XX (our) opinion death occurred on the date and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased ative and hour and from the couses state above, (X (we) (did) (X X X) VIEW THE body after death.  The state of the deceased at the couses state and the couses state | rked or H                                | 21d. INJURY OCCU                      | WHILE   |                             |                   |   | CITY OR TO                | OWN COUNTY                    | STATE             |
| 2726 PRYSICIAN'S NAME (TYPE OR PRINT)  2726 ADDRESS NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER, BETHESDA, MD 20205  2736 BURIAL, CREMATION, REMOVAL 236. DATE 2736 BURIAL, CREMATION, REMOVAL 236. DATE 2736 PRYSICIAN'S NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY COUNT | te Dept. of Healt<br>I: If Item 21 is ma | saw the dece<br>abave, ( <b>X</b> (we | (X(this hospital<br>osed alive an) (did) (4000) | ottended the deceased       | 19 <u>80</u> , ai | DEGREE ATTENDING  | death occurred on the d   | ate and hour and from t       | the couses stated |
| (ITY OR TOWN COUNTY STA  | APORTAN                                  | 2, -                                  | NAME (TYPE OF                                   |                             |                   | 22e ADDRESS NATIO   | DNAL INSTITU              | UTES OF HEAD                  |                   |
| DIDTAT TO OL OO LATER THE PARTY OF THE PARTY | 3 ≧ 23                                   | BURIAL, CREMATIO                      | N, REMOVAL                                      | 23b. DATE                   | 23c. NAME OF C    |   | 23d. LOCATION             |                               | STATE             |
| 780 24 FUNERCTOR NAME ADDRESS 25 DE GRECT B 15 STRAR   | 944                                      | BURIAL                                |   | 12-24-80                    | MEMPHIS           | MEM. PARK   | MEMPHIS                   |                               | TENN.             |



Pumphrey,

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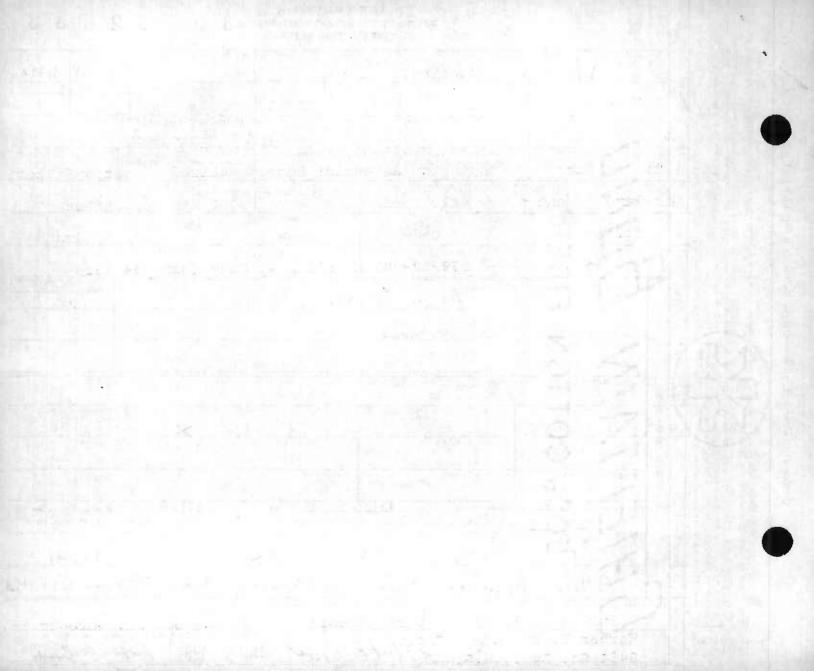
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DHMH-16 30M 2/80 (VRA 15, 4)

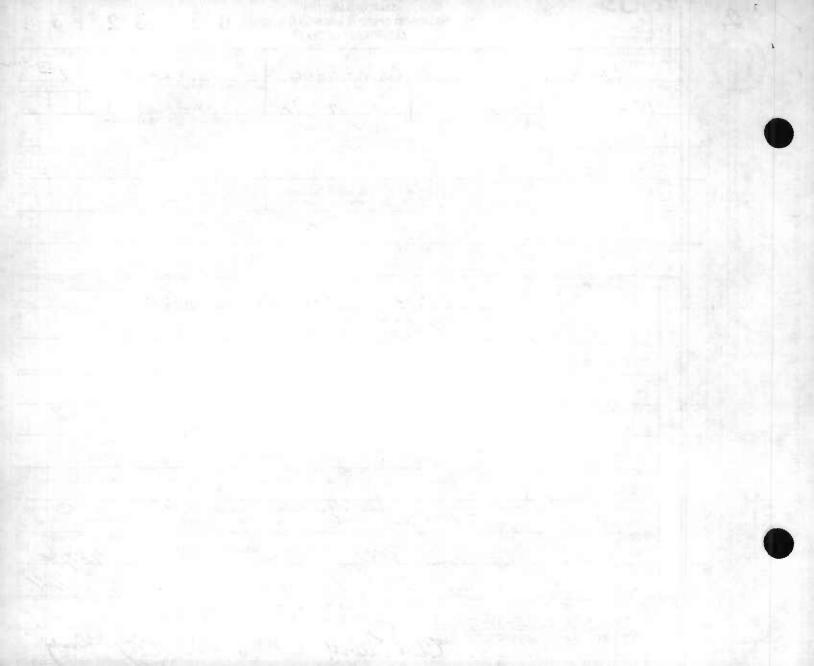
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



| 1   | 1-                    | FOR STATE REGISTRAR  |                                      |   | HEALTI     | MARYLAND<br>I AND MENTAL HYG<br>CERTIFICATE OF I | 0 0  | 3 2 4 3 5  | 5                |
|---|-----------------------|--|--------------------------------------|---|------------|--|--|--|------------------|
| 7 2 2 2 E   |                       | CEASED NAME FIRST  | ary W.                               | G. Caplan   |            | LAST   |  | MONTH DAY YEAR 75                                  | 1:06             |
| ON STORES   |                       | male Cauca   |                                      | 5, 1941 39  | YRS. IF UI |  |  | MONTH DAY YEAR 26                                  | 1:00<br>1:00     |
|   | W                     | RIHPLACE (STATE OR REIGN COUNTRY)  ashington D.                        | C. Unite                             | what COUNTRY? d States  | WIDOV      |  | Montgome                                     | ery County,  | MD.              |
| A PAGE<br>PROTIECT<br>OS 201 V  | В                     | ethesda  | Subur                                | OSPITAL, NURSING HOA<br>FACILITY, GIVE STREET ADDRESS<br>ban Hospit | al         | HER INSTITUTION 120                              | FOR MOST OF WORKING LIFE) Homemaker          | PEOF WORK 126 KIND OF BUSIN<br>OR INDUSTRY<br>Home | IESS             |
| D. 21201<br>E. AND SEA<br>2, AND 3 TO<br>33. RETAIN PE<br>SHOULD BET<br>IL RECORDS.   | 130. S<br>M           |  | t gomery                             | Bethesda  |            |  | STREET ADDRESS 6003 Milo                     | Orive .  |                  |
| DEATH<br>DEATH<br>GES 1,<br>M PM<br>AND 2<br>OF VITY  |                       | ATHER'S NAME ATTAM   | Middle .                             | Graef   |            |  | beth   | Waters   |                  |
| JRS AFTER DE<br>B. GIVE PAGE<br>WITH FORM<br>T. PAGES 1 AR<br>DIVISION QE   | N                     | 0  | GIVE WAR OR DATES)                   | 220 38 4  |            |  | band ADDRESS<br>Caplan same                  | e as item 13                                       |                  |
| N ST<br>HOCK TO<br>THOCK TO |                       | 18 CAUSE OF DEATH (Ente<br>PART I DEATH WAS CAU<br>IMMEI               | JSED BY:<br>DIATE CAUSE (a)          | Brain De  |            |  |  | APPROXIMATE INTI<br>BETWEEN ONSET AN               | ERVAL<br>D DEATH |
| 01 W. PRESTO TED WITHIN 24 PENCIL IN ITH ACAMINER ALO AL-TRANSIT PR MENTAL HYGIN N, OR REMOV.   |                       | Canditians, if any, wh<br>gave rise to immed                           | ate (b)                              | Cardiac   | Arre       |  |  |  |                  |
| EDS, 201 W<br>XECUTED V<br>VG. IN PER<br>CAL EXAM<br>BURIAL - T<br>AND MEN  |                       | cause (a) stating the <u>una</u><br>lying cause last.                  | (c) Ar                               | or as a consequence naphylatic                                      | sho        | ck due to  | ingestion o<br>allergic ma                   | terial   |                  |
| ECON<br>SE E<br>SINDIN<br>AS A<br>ALTH<br>CREW  | NOIL                  | PART 2 OTHER SIGNIFICANT (ONDITI                                       |                                      | She w   | as a       | llergic to p                                     | eanut oil.                                   | out they said                                      | no               |
| ON OF VITAL RIPLEMENTS STHE WORD." PER TO THE CHIEF A HOULD BE USED. ARTMENT OF HER OR TO BURIAL, OR  | RTIFICA               | 210. EXTERNAL CAUSE WAS  |                                      |   |            | /ASPERFORMED?pean                                |  |  | 10 🗆             |
| CERTIFICATE TIME THE W TIME THE THE THE THE THE THE THE THE THE TH   | MEDICAL CERTIFICATION | UNDERLYING OR CONTRIBUTING CAUSE                                       | DE DEATH 9:06                        | OF INJURY  .M. MONTH NO.W 42  DM. P. M 198  E OF INJURY (AT HOME.   | 0 In       |  | allergic N                                   |  |                  |
| DIVIS THIS CER E. WRITIN RWARDED PAGE 3 SI STATE DEP  | MEC                   | WHILE NOT WHILE  | STREET, F                            | ACTORY, FARM, ETC.)  King School                                    |            | STREET   | CITY OR TOWN                                 | COUNTY   | STATE            |
| MA SERIES   |                       | 27a I certify that I taak ch<br>death resulted fram: N                 | arge of the remains of atural causes | 43  | Autop      |  | Inquiry K, and Indetermined manner, ,        | nd in my apinian                                   |                  |
| CAL EXAL DIR RAL DIR MARK, MARK   |                       | ACTUAL<br>SIGNATURE  | Zofm Is.                             | Ball  | N          | A.D. Deputy                                      | MEDICAL EXAMINER                             | DATE Dec. 1,1                                      | 980              |
| TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE ATTER DEMAN WITH BALTIMORE, MARYLU   | -                     | (TYPE OR PRINT)  |                                      | all, M.D.   |            | ADDRESS  |  | Bethesda, M  | d .              |
| 5 BP  | C                     | URIAL, CREMATION, REMOVA<br>PECIFY)<br>Temation<br>UNERAL DIRECTOR ROR | 2, 1980                              | 23c NAME OF C<br>Metropo  | lita       | n Cremator                                       | 3d LOCATION y Alexandr: D. BY REGISTRAR [25] | county state is VITginia                           |                  |
| DHMH - 17<br>(VR A15 ME (5))<br>15M 2/80  |                       | HOMES, P.A.  | ERT A. P. BETHESD.                   | A, MARYLAND   | )          | DEC 8  | 1980   | my / Helinary                                      |                  |

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|    |               |   |  | STAT   | E OF MARYLAND                                |  | 0 176  |
|----|---------------|---|--|--|--|--|--|
|    | 1.            | FOR<br>STATE<br>REGISTRAR   |  |  | HEALTH AND MENTAL HYG<br>FICATE OF DEATH     |  | 2430   |
| i  | (TYPE         | CEASED NAME<br>E OR PRINT)  | FIRST  | KAY CA   | atain  | REG. NO.  20. DATE OF DEATH MONTH          | 17 80 934 M                                      |
|    | 3 SE          | ×<br>FEMALE   | 4. RACE<br>WHI   | TE FO  | or own                                       | 6 AGE (IN YEARS LAST BIRTHDAY) 24 YRS.     | IF UNDER 1 YEAR IF UNDER 24 HRS                  |
| 7  |               | RTHPLACE ISTATE OR F  |  | MHAT COUNTRY? 8. MARRIE WIDOW  | D NEVER MARRIED                              | BALTIMORE CITY OR COUNT                    | Y OF DEATH  MD.                                  |
| 0  |               | Bethes  | da IIFNOTINSU  | HOSPITAL, NURSING HOME ( HEACILITY, GIVE STREET ADDRESS)                 | HOSP HA                                      | 120 USUAL OCCUPATION OF WORKING IN STUDENT | 12b. KIND OF BUSINESS OR                         |
| 5  | USU.          | AL RESIDENCE (IF NURS<br>STATE<br>Maryland  | ING HOME OR OTHER INSTITUTION 135 COUNTY Montgomery                | GIVE RESIDENCE BEFORE ADMISSION) ROCKVIIIE                               | 13d. INSIDE CITY LIMITS?                     | 132 Street ADDRESS Cour                    | t  |
| 51 | 14 FA         | Samuel  | MIDDLE   | Captain  | 15. MOTHER'S MAIDEN NAM                      | Mary                                       | Mulraney   |
| 1  |               | WAS DECEASED EVER   | IN U.S. ARMED FORCES?<br>(IF YES, GIVE WAR OR DATES)               | 16b. SOCIAL SECURITY NO. 216-72-0385                                     | Michael Car                                  |  | a Pierce Rd. W. ashington 98467                  |
| 2  | CERTIFICATION | Conditions, if ony, gove rise to imm couse (o), statin underlying couse  PART 2 OTHER SIGN  THE PART OF OPERAT                                      | which lediote g the lost. (c) UE TO, OI (c) USFICANT CONDITIONS CO | R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BUT  TION FOR WHICH OPERATIO | NOT RELATED TO THE TERM                      | 206 AUTOPSY? 206 F.Y                       | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?   |
| 7  | MEDICAL CERT  | ACCIDENT WAS UND ONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WAN AT WORK AT WORK | AUSE OF DEATH  ALEXAMINER)  P. J.  ED  (AT HOME STR                | M. DAY YEAR  | 216. HOW INJURY OCCURE  216. LOCATION STREET |  | PART I OR PART ?)  COUNTY STATE                  |
|    |               | 220 I certify that (I) saw the decease  | (this hospital) attended the                                       | ofter death.   | DEGREE                                       | death occurred on the date and ha          | tur and from the causes stated  22c. DATE SIGNED |
|    |               | 22d. PHYSICIAN'S NA   | Law W. C   | EMRREH, Mil  | 220 ADDRESS                                  | K St.                                      | ww.bc  |
|    | (             | BURIAL, CREMATION,<br>(SPECIFY) Buri  | al 12/20,  | 00   |  |  | Spring, Maryland                                 |
|    | 24 FU         | UNERAL DIRECTOR 1   | Tyson Wheel  | ADDRESS  |  | EC 2 2 1980                                | TRAR'S SIGNATURE                                 |

DHMH-16 30M 2/80 (VRA 15, 4)

FIRS - 407 5, 1956 14

Vastington, D.C.

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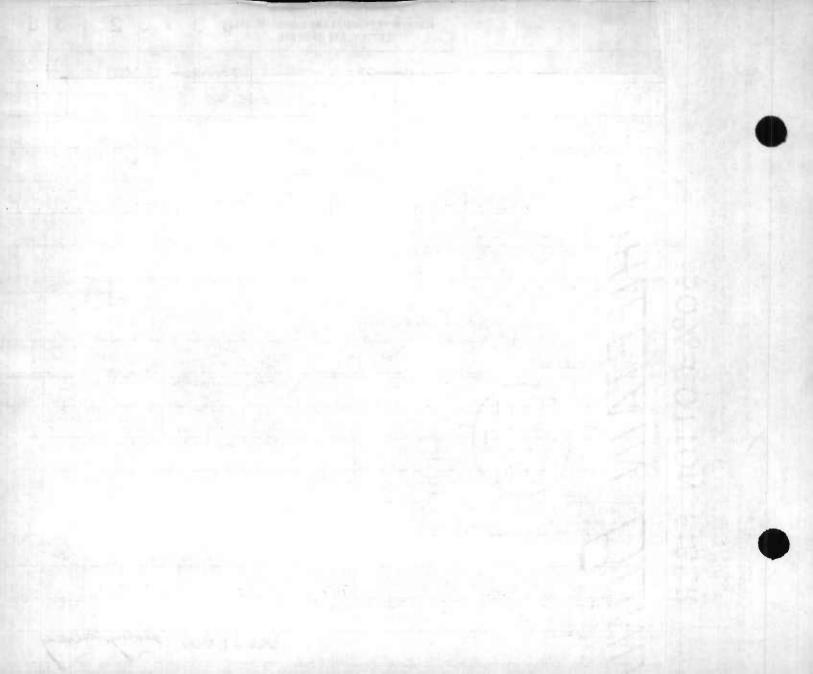
n offivence veamonine A. Captain Normant Sary Malranay V. Sylo Hanna Pierce Rd. V. 216-72-0389 Michael Deptain Thoons, sabington Sime?

Burlal 12/20/80 Unio of Heaven Cemetery Silver Spring, Maryland Tyron hell r unral for, inc.

1331 Hockville Sixe Rockville, Haryland 12:12 | Haryland

the Charles which I have not received the first and AND THE PROPERTY OF THE PARTY O Branch & Indian administra AGES THE 1018 DESIGNATION AND ASSESSED. Reservation the loss of FIRE CONSERVA Est Bas North Mill Mill From St. ٧٤ الله المال ١٠٠٠. Jestin l\_-? -1 Lese's ire sto 7. T.Lee'z acms Co.30 - 101 20., May 221., 102 - 2

|     |                       |  |  | STATE OF MARYLAND   | 0  | mg 0 .5  | ting of   |  |
|-----|-----------------------|--|--|---|--|--|---|--|
|     |                       | FOR<br>STATE<br>REGISTRAR  |  | MENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH   | REG. NO  |  | 3 8   |  |
|     |                       | EASED NAME FIRST OR PRINT)   | WIDDLE   | LAST  | 2a. DATE OF DEATH  |  | 1:58A   |  |
| -   |                       |  |  | arroll  | December   |  |   |  |
| 3   | 3. SEX                |  | 4 RACE   | 5 DATE OF BIRTH MONTH DAY YEAR  | 6. AGE (IN YEARS LAST BIRTI  | HDAY) IF UNDER I YEAR<br>MONTHS DAYS   |   |  |
| )   |                       | Male   | White  | December 8, 1980  |  | YRS  | 3 3   |  |
| 31  | cc. BIF               | THPLACE (STATE OR FOREIGN UNITY)   | 76 CITIZEN OF WHAT COUNTRY?  | MARRIED NEVER MARRIED   | _  | R COUNTY OF DEATH  |   |  |
| 22  | 0.00                  | Maryland Y OR TOWN OF DEATH  | United States  | WIDOWED DIVORCED  |  | mery County  |   |  |
| 69  |                       | Olney  | Montgomery Ger   |   | 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NONE  |  | of Business<br>ne   |  |
| 35  | USU A                 | L RESIDENCE (IF NURSING HOME OR TATE 181 COUN  | OTHER INSTITUTION, GIVE RESIDENCE BEFOR  | 13d INSIDE CITY LIMITS?   | 13e STREET ADDRESS<br>1121 Unive   | (childs mothersity Blvd.   | her)<br>Sil.Sp  |  |
| - 1 | 4 FA                  | THER'S NAME  | MIDDLE LAST  | 15. MOTHER'S MAIDEN NA  |  |  | AST   |  |
| 50  |                       | Not Given  |  | Juli  |  | Carroll  | 451   |  |
|     |                       | AS DECEASED EVER IN U.S. AR  | MED FORCES? 166 SOCIAL SECU  | JRITY NO. 17 INFORMANT  | ADDRE  | SS   |   |  |
| /   | ,,,                   | No   | None   |   |  |  |   |  |
|     |                       | 18 CAUSE OF DEATH Enter on   | ly one cause per line for (0), (b), or   | idic D / A  |  | APPRO.<br>BETWEEN  | XIMATE INTERVAL   |  |
|     | 0                     | PART I. DEATH WAS CAUSE  | E CAUSE (a)  | Tremute tt  | i  |  |   |  |
|     |                       | 71.51  | DUE TO, OR AS A CONSEQU  |   |  |  |   |  |
|     | 1                     | Conditions, if ony, which  | ( b)   |   |  |  |   |  |
| 1   |                       | gave rise to immediate cause (0), stating the  | DUE TO, OR AS A CONSEQU  | ENCE OF   |  |  |   |  |
| 7   |                       | underlying cause last  | (c)  |   |  |  |   |  |
|     |                       | DART 2 OTHER CICALIER AND  | ONDITIONS CONTRIBUTING TO  | DEATH BUT NOT RELATED TO THE TERM   | INAL DISEASE OR CONE   | DITION GIVEN IN PART 1   |   |  |
| 1   | _                     | PART 2 OTHER SIGNIFICANT   | CONTRACTO CONTRACTOR TO  |   |  |  | (a)   |  |
|     | NOI                   | Premature  |  |   |  |  | (a)   |  |
|     | CATION                | No. of the Landson Control of the Co | infant   | OPERATION WAS PERFORMED   | 20a AUTOPSY?   | 20b. IF YES, WERE FIND   | INGS USED   |  |
| 2   | RTIFICATION           | Premature  | infant   |   | 200 AUTOPSY?   |  | INGS USED   |  |
| 2   | CERTIFICATION         | Premature 190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING  | 19b. CONDITION FOR WHICH   | OPERATION WAS PERFORMED  21c HOW INJURY OCCURE  | YES NO   | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES   | INGS USED<br>S OF DEATH?  |  |
| 2   |                       | Premature  | 19b. CONDITION FOR WHICH   | OPERATION WAS PERFORMED   | YES NO   | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES   | INGS USED<br>S OF DEATH?  |  |
| 29  |                       | Premature  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED  | infant  198. CONDITION FOR WHICH  198. CONDI | OPERATION WAS PERFORMED  21c HOW INJURY OCCURS 19 211 LOCATION  | YES NOW  | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES TY IN ITEM 18, PART 1 OR PART 2)  | INGS USED<br>S OF DEATH?<br>NO [                                |  |
| 29  | MEDICAL CERTIFICATION | Premature 190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  | 19b. CONDITION FOR WHICH   | OPERATION WAS PERFORMED  21c HOW INJURY OCCURS 19 211 LOCATION  | YES NO   | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES TY IN ITEM 18, PART 1 OR PART 2)  | INGS USED<br>S OF DEATH?  |  |
| 2   |                       | Premature  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE AT WORK AT WORK  | infant  198. CONDITION FOR WHICH  198. CONDI | AY YEAR  19  211 LOCATION  STREET   | YES NOW  | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES (Y IN ITEM 18, PART 1 OR PART 2) YN COUNTY   | INGS USED<br>S OF DEATH?<br>NO                                  |  |
| 29  |                       | Premature  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this hasping with deceased alive on the deceased of the one)  | 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 199. HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceased from   | AY YEAR  19  211 LOCATION  STREET   | YES NO SED (ENTER NATURE OF INJUR  | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES (VINITEM 18, PART 1 OR PART 2) YN COUNTY   | INGS USED S OF DEATH? NO STATE                                  |  |
| 29  |                       | Premature  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this hasping with deceased alive on the deceased of the one)  | Infant  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  11b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY 1ATHOME, STREET, FACTORY, OFFICE,  tol) attended the deceased from   | AY YEAR  19  211 LOCATION STREET  , 19  | YES NO SED (ENTER NATURE OF INJUR  | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES (NO COUNTY)  COUNTY  19  21e and haur and from the   | INGS USED S OF DEATH? NO STATE                                  |  |
| 29  |                       | Premature  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220. I certify that (I) (this haspi sow the deceased alive on obaye. (I) (we) (did (did no   | 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 198. CONDITION FOR WHICH 199. HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceased from   | AY YEAR 19 211 LOCATION STREET  DEGREE ATTENDING  | YES NO SER NATURE OF INJUR  CITY OR TOW  depth occurred on the do  | 20b. IF YES, WERE FIND IN CERTIFY ING CAUSE YES 12 IN ITEM 18, PART 1 OR PART 2)  YOU COUNTY  19 22c. DATE   | INGS USED S OF DEATH? NO STATE , that (I) (we) a couses stated. |  |
| 29  |                       | Premature  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220. I certify that (I) (this haspi sow the deceased alive on obaye. (I) (we) (did (did no   | infant  198. CONDITION FOR WHICH  198. CONDITION FOR WHICH  21b TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE,  tol) attended the deceosed from 1 view the bady after death.   | AY YEAR 19 211 LOCATION STREET  DEGREE ATTENDING  | YES NO SED (ENTER NATURE OF INJUR  CITY OR TOW  10  deoth occurred on the do   | 20b. IF YES, WERE FIND IN CERTIFY ING CAUSE YES 12 IN ITEM 18, PART 1 OR PART 2)  YOU COUNTY  19 22c. DATE   | STATE  that (I) (we)  |  |
| 29  |                       | Premature  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)  | infant  198. CONDITION FOR WHICH  198. CONDITION FOR WHICH  218. TIME OF INJURY HOUR A.M. MONTH D P.M.  218. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE,  101) attended the deceosed from 19.  11 view the bady after death.  | AY YEAR 19 211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN 22e ADDRESS   | YES NO STAFE NATURE OF INJUR  CITY OR TOW  to  to  MEDICAL STAFE  DIRECTOR PHYSIC  | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES (VINITEM 18, PART 1 OR PART 2) YOUNG THE COUNTY  20te and haur and from the  | INGS USED S OF DEATH? NO STATE , that (I) (we) e couses stated  |  |
| 29  | MEDICAL               | Premature  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hasping saw the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE  | infant  198. CONDITION FOR WHICH  198. CONDITION FOR WHICH  218. TIME OF INJURY HOUR A.M. MONTH D P.M.  218. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, tol) attended the deceosed from 11 view the body after death.  R PRINTI  M.D.  | AY YEAR 19 211 LOCATION 5TREET 19 21 LOCATION 10 LOCATION | YES NOTE  RED (ENTER NATURE OF INJUR  CITY OR TOW  deoth occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC  Parkway / R  1236 LOCATION | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES  YES COUNTY  TO COUNTY  The and haur and from the land of the land haur and from the land the l | STATE  that (I) (we) 1 e couses stated  E SIGNED                |  |
| 29  | WEDICAL               | Premature  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this haspi saw the deceased alive on obave, (I) (we) (did) (did no  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)  Ali Youssef, DELAIL, CREMATION, REMOVAL  | infant  198. CONDITION FOR WHICH  198. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY 1ATHOME, STREET, FACTORY, OFFICE,  11 view the bady after death.  19   | AY YEAR  19  211 LOCATION STREET  212 ADDRESS  780 College  | YES NOTE RED (ENTER NATURE OF INJUR  CITY OR TOW  deoth occurred on the do  MEDICAL STAF DIRECTOR PHYSIC  Parkway / R                  | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES (VINITEM 18, PART 1 OR PART 2) YOUNG THE COUNTY  20te and haur and from the  | INGS USED S OF DEATH? NO STATE that (f) (we) le couses stated   |  |
| 29  | WEDICAL MEDICAL       | Premature  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this haspi saw the deceased alive on obave, (I) (we) (did) (did no 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)  Ali Youssef, URIAL, CREMATION, REMOVAL  | infant  198. CONDITION FOR WHICH  198. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY 1ATHOME, STREET, FACTORY, OFFICE,  11 view the bady after death.  19   | AY YEAR  19  211 LOCATION STREET  210 DEGREE  ATTENDING PHYSICIAN  210 ADDRESS  780 College  NAME OF CEMETERY OR CREMATORY  | YES NOTE  RED (ENTER NATURE OF INJUR  CITY OR TOW  deoth occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC  Parkway / R  1236 LOCATION | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  YES COUNTY  COUNTY  19 21c and haur and from the STATE COUNTY  COUNTY  COUNTY  | STATE   |  |



STATE OF MARYLAND

State of the second of the second of the second Newt maneral 1 1658, in the reducition of the section of the secti Divertinal entre Company of the Property of MOVING HOW REPORT FRANCISTING SWEN A DE WASTER WAR IN THE A Property of the party of the Restrict to the same training of the same lead to a large branch by the large state.

| 1                              | 1 -           | FOR<br>STATE<br>REGISTRAR  | DEPARTMENT OF  | FHEALTH AND MENTAL HY<br>IFICATE OF DEATH                 |                             | 3 2                                     | 2 4 4 0   |
|--------------------------------|---------------|--|--|---|-----------------------------|---|---|
| X                              | (TYPE         | CEASED NAME FIRST ANTO   |  | avada   | REG. N<br>20. DATE OF DEATH | MONTH DAY                               | YEAR 76 HOUR 8 . 10   |
| 9                              | 3. SE         | Female   | White "  | E OF BIRTH  DAY  12 91                                    | 6 AGE (IN YEARS LAST BIR    | YRS.                                    |   |
| 974                            | 1             | RTHPLACE (STATE OR FOREIGN COUNTRY) CUBA   | V CUBA   WIDO  | RIED NEVER MARRIED NEVER MARRIED DIVORCED                 | 9. BALTIMORE CITY C         | ceny C                                  | enty ,  |
| 10                             | W             | Heaton   | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO | 1901 Ga. Que  | Homema                      | I, WOMENG LETT   1                      | THE KIND OF BUSINESS ON PUSINESS OF                           |
| at 17                          | 13a. S        | NONE   |  | 13d. INSIDE CITY LIMITS? YES NO 1                         | 13e. STREET ADDRESS         | sapea                                   | ke ST.  |
| 100                            |               | Juan Baut  | middle LAST<br>Cista Paris   | Juana   | MIDDLE                      |   | uzaurieta   |
| e medico                       |               | VAS DECEASED EVER IN U.S. AF<br>ES, NO OR UNKNOWN) (IF YES, GO<br>NO N/A                                     | VE WAR OR DATES)   | 100   | on ADDRI<br>Cavada          | Wash.                                   | Chesspeake D. C.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| njury, or other troumotic eve  | NO            | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost                | DUE TO, OR AS A CONSEQUENCE OF  (b) HRTBROSCUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BE     | DISENSE   | PROVASCUU,                  |   | IMMEDIATE   |
| Z                              | CERTIFICATION | 190 DATE OF OPERATION  | 196. CONDITION FOR WHICH OPERAT  | ION WAS PERFORMED   | 20a. AUTOPSY?               | 20b. IF YES, WI<br>IN CERTIFYING<br>YES | ERE FINDINGS USED<br>G CAUSES OF DEATH?                       |
| or them 18 sh                  | MEDICAL CER   | 218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DELIFE EITHER, NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED | P.M. 19<br>21e. PLACE OF INJURY  | 21f. LOCATION   | RRED (ENTER NATURE OF INJU  |   | OR PART 2)  COUNTY STATE                                      |
| MPOKIANI: If item 21 is morked | W             | WHITE NOT WHITE AT WORK  22a I certify that (1) (the back saw the deceased alive or obave, (1) (was (did))   | we've the bookstiffer death  | and that in (my) (—) opinion  DEGREE  ATTENDING PHYSICIAN | 2_, to 29 DE                | 19<br>ate and haur and                  | 80_, that (I) ()  |
| 8                              |               | 22d. PHYSICIAN'S NAME (TYPE  | SOMOH WA   | 27e ADDRESS   | MARIN D                     | om wi                                   | (CATAL) N   |

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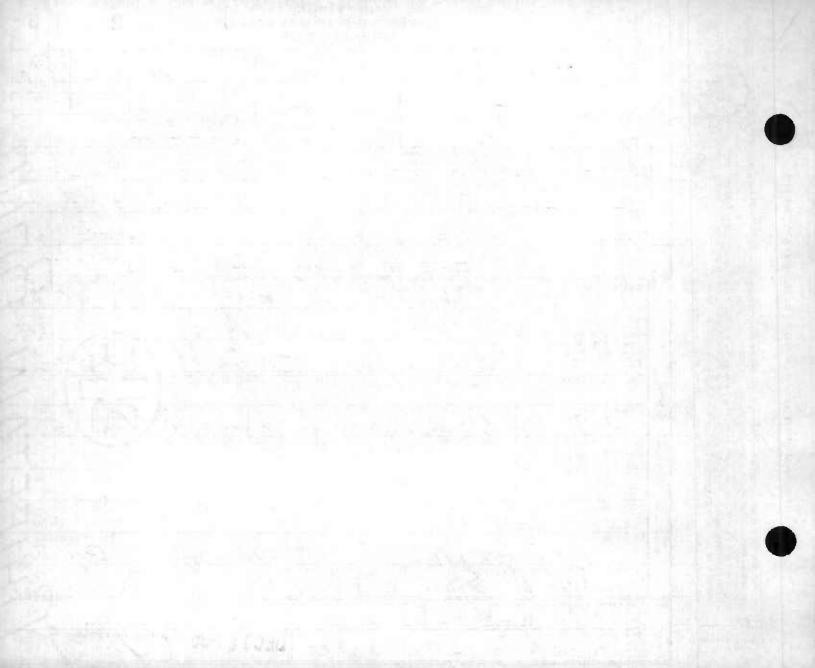
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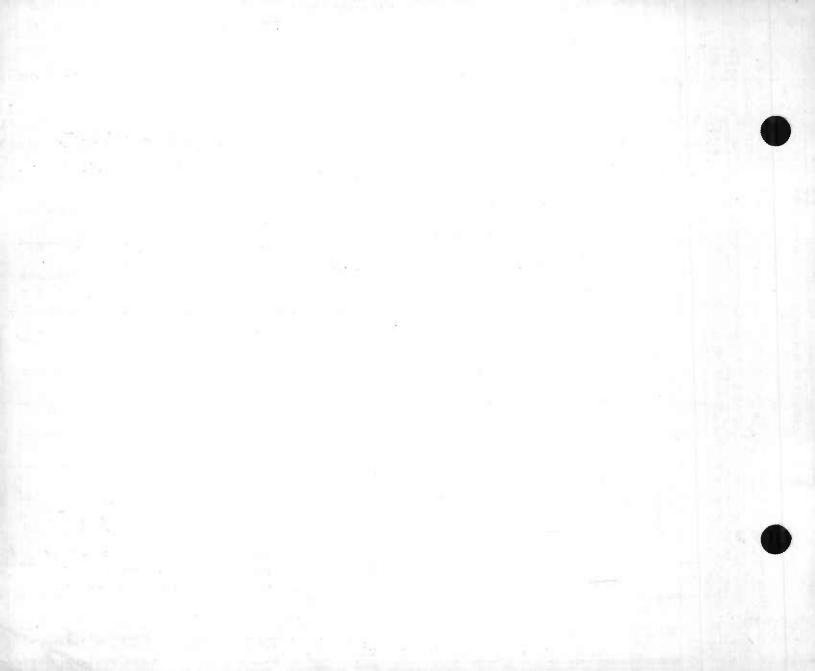
DHMH-16 30M 2/80 (VRA 15, 4)

|      | 1 -           | FOR<br>STATE<br>REGISTRAR   |                     |  |          | EALTH AND MENTAL HYG<br>CATE OF DEATH | REG. N   | <b>ن</b>             | La Sur                 | 4 2                               |
|------|---------------|---|---------------------|--|----------|---------------------------------------|--|----------------------|------------------------|-----------------------------------|
|      |               | CEASED NAME FIRST   | A                   | AIDDLE   | LA       | ST                                    | 20. DATE OF DEATH                              | HTMOM                | DAY YEAR               | 26 HOUR                           |
|      | (1146         | WILLIAM   | MENVIL              | CHA  | NEY      |                                       | DECEMBER 2                                     | 4, 198               | 30                     | 9:48 PM                           |
|      | 3. SE         | X   | 4. RACE             |  | DATEO    |                                       | 6. AGE (IN YEARS LAST BIR                      | THDAY)               | IF UNDER I YEAR        | IF UNDER 24 HRS                   |
| 1    |               | MALE  | WHIT                | E  | DECEN    | MBER 12, 1952                         | 28   | YRS                  | MONTHS                 | HOURS MIN.                        |
| 11   |               | RTHPLACE (STATE OR FOREIGN  | Th CITIZEN OF       | WHAT COUNTRY?  | MARRIET  | X NEVER MARRIED                       | 9 BALTIMORE CITY O                             | R COUNTY             | OF DEATH               | 100                               |
| 20   | Κe            | entucky   | USA                 | V  | VIDOWE   | DIVORCED                              | MONTGOMER                                      | Y Cot                | unty                   | MD.                               |
| 26   |               | THESDA  | CL'INICA            | OSPITAL, NURSING<br>HEACHTY GIVE STREET ADD<br>L CENTER,   | BETT-    | ROTHER INSTITUTION HESDA, MD          | 120 USUAL OCCUPATION OF WORK FOR MOST OF MINER | ON<br>IF WORKING LIF | 126 KIND O<br>INDUSTRY | F BUSINESS OR                     |
| 55   | 130. S<br>KE  |   |                     | GIVE RESIDENCE BEFORE AD   | MISSION) | TES CO INO LAN                        | 13e. STREET ADDRESS<br>ROUTE #                 | 1                    |                        |                                   |
| 39   | 14. FA        | William ^   | AIDDLE              | Chastney   |          | 15. MOTHER'S MAIDEN NAME Marie        | WIDDLE   |                      | Knii                   | ght                               |
| 3    |               | VAS DECEASED EVER IN U.S. ARA   | MED FORCES?         | 166 SOCIAL SECURIT   |          | 17. INFORMANT                         | ADDRE  |                      | 0                      | 11.1.2                            |
|      |               | No  |                     | 403-76-90  | 015      | MRS. ALYSIA                           | KAYE CHANE                                     | Y, WIF               |                        |                                   |
| · .  |               | 18. CAUSE OF DEATH (Enter onl<br>PART I, DEATH WAS CAUSED                                       | BY:                 | line for (a), (b), and (c  |          | ARREST                                |  |                      | BETWEEN C              | MATE INTERVAL<br>ONSET AND DEATH  |
|      |               | 1759 IMMEDIATI  | DUE TO, OF          | AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER | CE OF    | All tests                             |  |                      | 12 H                   | DURS                              |
|      |               | gove rise to immediate cause (a), stating the underlying cause lost                             |                     | AS A CONSEQUENCE   |          | ANOMA                                 |  |                      |                        |                                   |
|      | NOI           | PART 2 OTHER SIGNIFICANT C  | onditions <u>co</u> | INTRIBUTING TO DEA   | ATH BUT  | NOT RELATED TO THE TERM               | INAL DISEASE OR CON                            | DITION GIV           | EN IN PART 110         | \                                 |
|      | CERTIFICATION | 190. DATE OF OPERATION  | 196 CONDI           | TION FOR WHICH OP  | PERATION | I WAS PERFORMED                       | 20a AUTOPSY? YES X NO□                         | IN CERTIF            | S, WERE FINDING CAUSES |                                   |
|      |               | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | 71                  | M. MONTH DAY   | YEAR     | 21c HOW INJURY OCCURE                 | RED (ENIER NATURE OF INJUI                     | RY IN ITEM 18 P      | PART I OR PART 2)      |                                   |
|      | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e PLACE C         | DE INJURY<br>EET, FACTORY, OFFICE, FARM  | A, ETC ) | 21f LOCATION<br>STREET                | CITY OR TO                                     | WN                   | COUNTY                 | STATE                             |
|      |               | 220.1 certify that (IXthis haspites saw the deceased alive an abave, X (we) (did) (did not      | DECEMBE             | FR 6 180   | , on     | d that in (m🗙 (our) opinion o         | to DECEMBE                                     |                      |                        | that 🗙 (we) last<br>causes stated |
|      |               | Richard   | w.h                 | eune   | ME       | ATTENDING PHYSICIAN                   | MEDICAL STAI                                   | IAN 🖳                |                        | 25/80                             |
| N 20 |               | 22d. PHYSICIAN'S NAME (TYPE OR  |                     |  |          | 220. ADDRESS NATION                   |  |                      |                        |                                   |
|      |               | KICHARD M   | I. LEV              | INE MY   |          | CLINICAL CEN                          | MER, BETHES                                    | DA, M                | D. 2020                | 5                                 |
|      | 23a B         | BURIAL, CREMATION, REMOVAL  SPECIFY)  Burial  | 23b. DATE<br>12/28  |  |          | METERY OR CREMATORY Union Cen         | 23d. LOCATION<br>CITY OR TOWN                  | bere                 | COUNTY                 | entucky                           |
|      | 24 FL         |   |                     |  | Eur      | eral WE PAR                           | RICH CORPORTED                                 | THE PLAN             | BARRES GNAT            | M.                                |
|      |               | omes, P.A.  | Bethes              | la, Mary   | Land     | erar DEC                              | ) T 1300                                       | and.                 | easo, www.             | 7                                 |

STATE OF MARYLAND

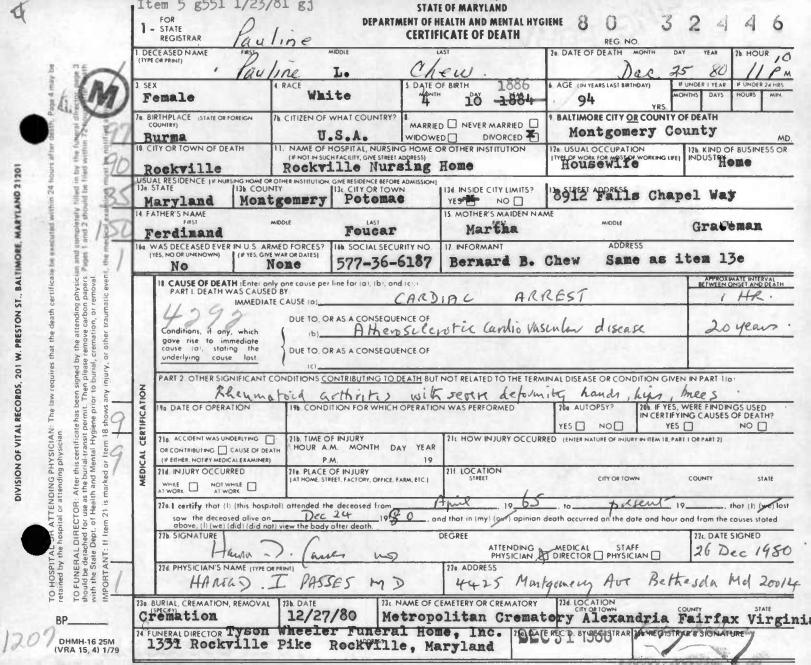
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| 1   |               | FOR  |   | STATE OF MARYLAND                                     | 0 0 0 0 0 0 0 0  |  |  |  |  |
|---|---------------|--|---|---|--|--|--|--|--|
| X   | 1.            | STATE<br>REGISTRAR                                     | DEPARTA   | MENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | 0 0 0 2 1 1 9  |  |  |  |  |
| ,   | ) DE          | CEASED NAME FIRST                                      | WIDDLE  | LAST  | REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 25 HOUR                                 |  |  |  |  |
| e Pe  |               | ORPRINT) JOSE  |   | Chepoun   | 12 29 80 230   |  |  |  |  |
| Aeu MA  | 3 SE          |  | 4 RACE  | S DATE OF BIRTH                                       | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS                     |  |  |  |  |
| 3ge 4 n   | 5 50          | make   | white   | MONTH DAY YEAR 8 9 18 93                              | 87 470 , YRS. MONTHS DAYS HOURS MIN.   |  |  |  |  |
| Do 4  |               | RTHPLACE (STATE OF FOREIGN                             | 76 CITIZEN OF WHAT COUNTRY?                                 | 1   | 1 BALTIMORE CITY OR COUNTY OF DEATH  |  |  |  |  |
| r death<br>uneral<br>in 72 h  |               | RUSSIA   | USA   | MARRIED NEVER MARRIED WIDOWED DIVORCED                | montgomery MD.   |  |  |  |  |
| rs afte   | 10 C          | IN CATOR MI  | (# NOT IN SUCH FACILITY, GIVE STREET                        | G HOME OR OTHER INSTITUTION ADDRESS                   | 12R USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LIFE) MERCHANT GENERAL STORE |  |  |  |  |
| nust filed  | USU           | AL RESIDENCE HE NURSING HOME OF                        | OTHER INSTITUTION, GIVE RESIDENCE BEFORE                    | ADMISSIONE HOME                                       | MERCHANT POENCIAL STORE  |  |  |  |  |
| rin 24 uid be uld be  | 13a :         | MADVIAND 136 COUN                                      | Tramery SILVER'S  | N \$134 MSIDE CITY LIMITS?                            | 134 SUREET ADDRESS DEVERE DRIVE  |  |  |  |  |
| with with short   | 14. F/        | THER'S NAME  | 0 0   | 15 MOTHER'S MAIDEN NA                                 | ME   |  |  |  |  |
| omple and 2   | 1             | Tha Aham   | Cher RA   | EVA FIRST   | MIDDLE ZECKKOV   |  |  |  |  |
| xecu lar  | 160 V         | VAS DECEASED EVER IN U.S. AR.                          | MED FORCES? 166 SOCIAL SECU                                 |   | ADDRESS SILVER SPRING. MD.   |  |  |  |  |
| an and Pages  |               | YES, NO OR UNKNOWN)                                    | 097-03-4  | 196 ALVIN CHER  | RNAY, 1023 DEVERE DRIVE,   |  |  |  |  |
| BAL<br>ficat<br>ficat<br>pers.<br>loval.<br>even  |               | 18 CAUSE OF DEATH (Enter on<br>PART I. DEATH WAS CAUSE | ily one couse per line for (a), (b), and                    | dies  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                                       |  |  |  |  |
| ST.,<br>cert<br>cert<br>n pa<br>rem<br>rem  |               |  | TE CAUSE (0)  | ac alien  | (ched: n sleep)  |  |  |  |  |
| TON<br>death<br>carbo<br>on, or<br>traum  |               | 4300   | DUE TO, OR AS A CONSEQUE                                    | NCE OF  |  |  |  |  |  |
| 10  |               | Conditions, if ony, which                              | ( (b)   | the ope   |  |  |  |  |  |
| the all the emove remail  |               | gave rise to immediate cause (a), stating the          | DUE TO, OR AS A CONSEQUE                                    | NCE OF A A  |  |  |  |  |  |
| d by ase rial, c  |               | underlying couse last.                                 | ( ii) Ct  | IF and chrom  | CVA  |  |  |  |  |
| S, 20<br>signe<br>n ple<br>bur  |               | PART 2 OTHER SIGNIFICANT C                             | ONDITIONS CONTRIBUTING TO                                   | DEATH BUT NOT RELATED TO THE TERM                     | NINAL DISEASE OR CONDITION GIVEN IN PART 1/01                                      |  |  |  |  |
| any   | ğ             |  |   |   |  |  |  |  |  |
| RECORDS  The law ree has been si rmit. Then ne prior to hows any it   | CERTIFICATION | 190 DATE OF OPERATION                                  | 196 CONDITION FOR WHICH                                     | OPERATION WAS PERFORMED                               | 200 AUTOPSY? 201 IF YES, WERE FINDINGS USED AN CERTIFYING CAUSES OF DEATH?         |  |  |  |  |
| ALR. T.N.: T. Peri  | TIE           | 2  |   |   | YES NO YES NO  |  |  |  |  |
| SICIAN Vysician. Peruficat Transit print 18 ftem 18   |               | 210 ACCIDENT WAS UNDERLYING                            | Transport of the Contract of                                | YEAR 216 HOW INJURY OCCUR                             | RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)                          |  |  |  |  |
| HYSIC Physic physics cert is its cert is fental fental or ite   | 3             | OR CONTRIBUTING CAUSE OF DEA                           | P.M.  | 19  |  |  |  |  |  |
| DIVISION OF VITAL DDING PHYSICIAN: stending physician. After this certificate ss the burial-transit pe ith and Mental Hygie marked or Item 18 s | MEDICAL       | 214 INJURY OCCURRED                                    | 216 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, F | ARM FIG 1 211 LOCATION STREET                         | CITY OR TOWN COUNTY STATE  |  |  |  |  |
| Afre mark   | 2             | AT WORK AT WORK  |   |   |  |  |  |  |  |
|   |               |  | tal) grended the deceased from_                             | (100 ) 7 19   |  |  |  |  |  |
| ATTEN<br>pital or<br>ECTOR<br>for use<br>of Hea   |               | saw the deceased alive on                              | 1) yiew the body ofter death.                               | and that in (my) (our) opinion                        | death occurred on the date and hour and from the causes stated                     |  |  |  |  |
| OH hosp   |               | 27% SHEMATGRE A  | ÎL A  | DEGREE  | 22c. DATE SIGNED   |  |  |  |  |
| 1 40 . 73   |               | La Claude H  | mul V   | ATTENDING PHYSICIAN                                   | DIRECTOR PHYSICIAN 1 12-21-80  |  |  |  |  |
| HOSPIT<br>ined by<br>FUNER<br>Judbe de<br>1 the Sta<br>ORTAN  |               | 22 PHYSICIAN'S NAME                                    | erent) 150  | 22R ADDRESS   | H200 Lockwood Mave   |  |  |  |  |
| TO HOSPITAL   |               | Charles L. Fro   | melin, Jr., M.D.  |   | Silver Spring Md. 20901  |  |  |  |  |
| 1 6 7 7 7   | 23n E         | BURIAL, CREMATION, REMOVAL                             |   | AME OF CEMETERY OR CREMATORY                          | 234 LOCATION STATE LANGUAGE STATE LANGUAGE   |  |  |  |  |
| BP  |               | BURIAL   | 12/30/1980 NEW  | MONTEFIORE CEMETE                                     | RY PINELAWN, LONG ISLAND, NEW YOR  |  |  |  |  |
| DHMH-16 25M   | 24 F          | DUMATIOCIAR STEIN                                      | HEBREW MEMORIAL   | FUNERAL HOME 1250. DAT                                | E REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE                                   |  |  |  |  |
| (VRA 15, 4) 1/79  |               | 232 CARROLL STR  | HEBREW MEMORIAL   | INGTON, D. C. TINI                                    | N 5 1001 Fisher Kellende   |  |  |  |  |

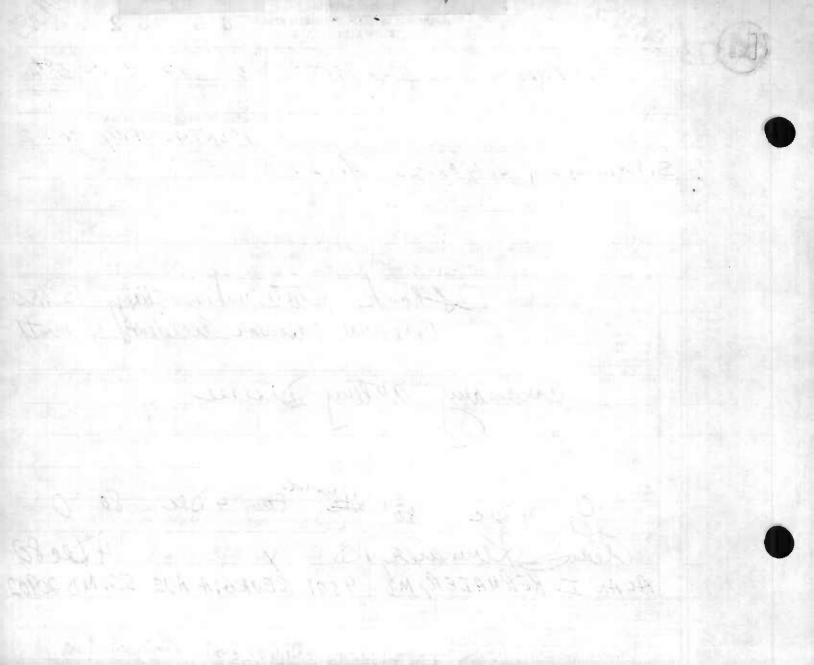
Loseph style - white 17 2 15 was a supply that the supply of the supply o Shirth I manth was to have the selection of the selection Secretary. Diensing St. OH 197-11-11-11 ALTER ALTER TOTAL TOTAL TOTAL TOTAL THE WAR IN THE THE THE PARTY OF THE PARTY OF THE PARTY OF



White Female 40 10 ~1884 Montgomery County U.S.A. Burma Short cusewife Fockville Sursing Home Rockville 6912 Falls Chapel Way Maryland Montgomery Potenne x (raesman Martha Foucar Ferdinand None 577-36-6187 Bernard B. Chew Same as item 13e OV

Cremation 12/27/80 Metropolitan Grematory Alexandria Fairfax Virginia Tyson Theeler Funeral Home, Inc.
1531 Pockville Pike Rockville, Maryland

|   |               |   |  | STATE OF MARYLAND                                   |   |
|---|---------------|---|--|---|---|
| A TOTAL   | 1             | FOR<br>STATE<br>REGISTRAR   | DEPA   | RTMENT OF REALTH AND MENTAL HY CERTIFICATE OF DEATH | 0000  |
|   | I DE          | CEASED NAME A FIRST   | MIDDLE   | LAST OR   | REG. NO.  28 DATE OF DEATH MONTH DAY YEAR 26, HOUR                          |
| 20  | (TYP          | EORPRINTI PIIT  | abeth w.   | XXXXXXXXXXXXXXXX                                    | 8 12 4 80 59  |
| ped p   | 3. SE         | X   | 4 RACE   | 5 DATE OF BIRTH                                     | AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR # UNDER 24                      |
| after<br>ce.  |               | hemale  | white  | Dec. 9 1902   | MONTHS DAYS HOURS M   |
| ours<br>of or   | 7a. B         | IRTHPLACE (STATE OF FOREIGN   | 7% CITIZEN OF WHAT COUNT   | RAS I   | 9 BALTIMORE CITY OR COUNTY OF DEATH   |
| 72h   |               | Virginia  | USA  | MARRIED WINEVER MARRIED WINDOWED DIVORCED           | MONTGOMERY CO.  |
| 2 2   |               | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NU   | RSING HOME OR OTHER INSTITUTION                     | 126 USUAL OCCUPATION 126 KIND OF BUSINESS                                   |
| De de   | 5             | Silver Spr  | IF NOT INSUCH FACILITY GIVEST  | IREET ADDRESSI                                      | Secretary Vitro   |
| be filed  | USU           | AL RESIDENCE (IF NURSING HOME   | OR OTHER INSTITUTION, O'VE RESIDENCE BUTTY   | EFORE ADMISSION)                                    |   |
| ald in  | Mo            | ryland Mon  | tgomery Silver   | Spring YES NO 1                                     | 13. STREET ADDRESS<br>9325 Ocala Street                                     |
| suor  | _             | ATHER'S NAME  |  | 15 MOTHER'S MAIDEN NA                               | AME   |
| 20 Pag 50   |               | Powell  | P. With  | iers Roberta  | MIDDLE Yates  |
| meet s  |               | WAS DECEASED EVER IN U.S. A   | RMED FORCES? 166 SOCIALS   |   |   |
| Pages,  |               | YES, NO OR UNKNOWN] (IF YES, G  | 578-26-  |   |   |
| al.   |               |   | only one cause per line for (a), (SED BY:  | and ic.   | APPROXIMATE INTERVA   |
| en please remote by the please remote burial, cremote injury, or other please remote burials. | 7             | gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAM | DUE TO, OR AS A CONSE  |   | MINAL DISEASE OR CONDITION GIVEN IN PART 1101                               |
| The ior to  | CERTIFICATION | U C   | aronamy  | angly Di  | Mase  |
| shown   | FIC           | 190 DATE OF OPERATION   | 148 CONDITION ON WH  | ICH OPERATION WAS PER ORMED                         | 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| 18 49   | E             | 218. ACCIDENT WAS UNDERLYING  | 716 TIME ONBJURY   | Tale HOW INJURY OCCUR                               | YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)     |
| od Mental Hi  |               | OR CONTRIBUTING CAUSE OF D  | EATH HOUR A.M. MONTH   | DAY YEAR  | [EIGHER GALLARE OF PRODUCTION TO FRANCE]                                    |
| Mer   | MEDICAL       | (IF EITHER, NOTIFY MEDICAL EXAMINE<br>214 INJURY OCCURRED                                     | P.M. 21e PLACE OF INJURY   | 211 LOCATION  |   |
| and Marked  | ¥             | WHILE NOT WHILE   | (AT HOME, STREET, FACTORY, OFF   | ICE, FARM, ETC.) STREET                             | CITY OR TOWN COUNTY STATE   |
| is m  |               |   | pital), attended the deceased fro  | 29 1º C   | 0 10 4 Dec 1980 tho (1) we  |
| of Hi   | -             |   | in 4 OCC 1   |   | death occurred on the date and hour and from the causes state               |
| f Iter  | 10            | 22b. SIGNA di   | not) view the body offer death.  | DEDITE  | 171. DATE SIGNED  |
| T: I  |               | Alaux   | Xeruna   | ATTENDING PHYSICIAN                                 | MEDICAL STAFF DIRECTOR PHYSICIAN 4  |
| with the State  |               | 224 PHYSICIAN'S NAME (TYPE  | The same of the sa | 220 ADDRESS   |   |
| MPORTANT:   |               | ALAN I.   | KEKMAIEK   | , M8 9801 RI  | EORGIA AVE S.S. M.D. 20   |
| _   |               | BURIAL, CREMATION, REMOVA   | L 23b. DATE  | THE NAME OF CEMETERY OF CREMATORY                   | 23d LOCATION  |
|   |               | Birial  | Dec. 8, 1980   | Parklawn Cemetery                                   | ROCKUIL OF MONTY STATE  |
| 1.16 25M  | 24 F          | UNERAL DIRECTOR   | s J. Collinsoness  | 25a. DA   | TE REC'D. BY REGISTRAR 251 PGISTRAR'S HIGHATURE                             |
| MH-16 25M<br>15, 4) 1/79  | 5/            | NAME TRANCA   | S J. COLLUSOONESS  | Spring Md DEC                                       | 9 1980 histoy believed  |



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 2b HOUR MIDDLE DECEASED NAME (TYPE OR PRINT) Clagett Joseph 28,1980 December 2:30. IF LINDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4 RACE 5. DATE OF BIRTH 3 SEX Male Caucasian Sept 27. 1913 7h. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Montgomery County, DIVORCED [ Maryland 17h, KIND OF BUSINESS OR IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE Collingswood Nursing Home Rockville Sheet Metal Contractor ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS Montgomer Rockville 13d INSIDE CITY LIMITS? Maryland 304-First Street 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Collins Clagett Grace 66 Joseph 17. INFORMANT to WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Suzanne Childs-812 Grandon Avenue LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 217-03-2517 No Rockville, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 28a AUTOPSY? 28b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTHY MEDICAL EXAMINER) P.M. 21s. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 22a.1 certify that (1) (this haspital (my) four) opinion death occurred on the date and hour and from the causes stated saw the deceased of above, (1) (we) (did) 22c DATE SIGNED DEGREE MEDICAL Dec. 28,1980 PHYSICIAN PHYSICIAN Should be deto with the Stote IMPORTANT: I 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS Myron L. Lenkin, M.D. 2309 Shorefield Rd. Wheaton, Md. 236. DATE December 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL Md. CITY OR TOWN Silver Spring, Burial Gate of Heaven 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Robert A. Pumphrey Funeral Homes, P.A. (VRA 15, 4)

The section of the contract

|              |                |   |   |                   | OF MARYLAND                            | 40 100   | fm.1  |                    | J de   |
|--------------|----------------|---|---|-------------------|--|--|---|--------------------|--|
|              | 1 -            | FOR<br>STATE<br>REGISTRAR   | DEPA  |                   | EALTH AND MENTAL HYG<br>ICATE OF DEATH | REG. N   | · 5 2   |                    | 4 9  |
|              |                | CEASED NAME FIRST   | MIDDLE  | L/                | AST                                    | 20. DATE OF DEATH                                  | MONTH DA  | AY YEAR            | 2b. HOUR                                     |
|              |                | France  | s G.  | CI                | app                                    |  | 12 3  | 3 80               | 3:30am                                       |
| 8            | 3. SEX         |   | I. RACE   | 5. DATE O         |  | 6 AGE (IN YEARS LAST BIRT                          |   | FUNDER 1 YEAR      | IF UNDER 24 HRS HOURS MIN.                   |
| 1)           |                | Female  | White   | 10                | 11 90                                  | 90   | YRS.  | JAINS DAIS         | HOURS MIN                                    |
| 1            | 7a BII         | RTHPLACE ISTATE OR FOREIGN  | LOUNTE COUNTE   | TRY? 8            | NEVER MARRIED                          | 9. BALTIMORE CITY O                                | _   | OF DEATH           |  |
| 200          |                | dianaly8x4k   | U.S.A.  | WIDOWE            |  | Montgom  | ery   |                    | MD.  |
| 90           |                | Ty or town of DEATH  Tver Spring, Md.                                 | 11. NAME OF HOSPITAL, NU<br>(IF NOT IN SUCH FACILITY, GIVE S<br>Sylvan Mano | TREET ADDRESS)    | R OTHER INSTITUTION                    | 120 USUAL OCCUPATION OF WORK FOR MOST OF LPN in Ca | F WORKING LIFE)   |                    | F BUSINESS OR                                |
| 35           | USUA<br>130. S | TATE HAD COUNT  | OTHER INSTITUTION, GIVE RESIDENCE   | BEFORE ADMISSION) | 134 INSIDE CITY LIMITS?                | 13. STREET ADDRESS                                 |   | Tana               |  |
| 5 A          |                | aryland Mak   | tronery Simps   | onvill            | EYES NO S                              |  | LLING   | Lane               |  |
| 3/           |                |   | GOSS  |                   | Mary                                   | MIDDLE   | Dane  | ton ?              |  |
| 2/3          |                | AS DECEASED EVER IN U.S. ARA  |   |                   | 17. INFORMANT                          | ADDR   |   | con ?              |  |
| dico         | / (Y           | ES, NO OR UNKNOWN)               YES, GIVE                            | WAR OR DATES)   |                   |  |  |   |                    | 2.1  |
| E            | u              | nknown  | 1217-28   | 8-2084 A          | Mary F. Sc                             | enroader,  | (same   |                    |  |
| nt, th       |                | 18. CAUSE OF DEATH (Enter only<br>PART I. DEATH WAS CAUSED            |   | ratory A          | 10100 t                                |  |   | BETWEEN            | MATE INTERVAL<br>ONSET AND DEATH             |
| eve          |                | IMMEDIATE   | CAUSE (a) RESPI   | ratury A          | rrest                                  |  |   | -                  |  |
| matic        |                | 4560  | DUE TO, OR AS A CONS  |                   |  |  |   |                    |  |
| froum        |                | Canditions, if any, which gove rise to immediate                      | (b) POST S  | stroke            |  |  |   |                    |  |
| ather        |                | couse (0), stating the underlying cause lost.                         | DUE TO, OR AS A CONSI   | EOUENCE OF        |  |  |   |                    |  |
| ar al        |                |   | ( tc)   |                   |  |  |   |                    |  |
| injury,      | NO             | PART 2. OTHER SIGNIFICANT CO  | onditions <u>contributing</u>   | TO DEATH BUT      | NOT RELATED TO THE TERM                | nnal disease or con                                | DITION GIVEN  | N IN PART 10       |  |
| ou ()        | CERTIFICATION  | 190 DATE OF OPERATION   | 196. CONDITION FOR WI   | HICH OPERATION    | N WAS PERFORMED                        | 20a. AUTOPSY?                                      | 20b. IF YES,  | WERE FINDIN        | GS USED                                      |
| Ows          | TIF            |   |   |                   |  | YES NO   | YES   |                    | NO [   |
| 8            | CER            | 210. ACCIDENT WAS UNDERLYING  | 216. TIME OF INJURY<br>HOUR A.M. MONTH                                      | DAY VEAD          | 21c. HOW INJURY OCCUR                  | RED (ENTER NATURE OF INJUI                         | RY IN ITEM 18, PAR  | T 1 OR PART 2)     |  |
| Hem          | CAL            | OR CONTRIBUTING CAUSE OF DEAT<br>(IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M.  | DAT TEAK          |  |  |   |                    |  |
| or th        | MEDIC          | 21d. INJURY OCCURRED  | 21s. PLACE OF INJURY  |                   | 211 LOCATION                           |  |   | G0+10-1714         | EUI-E  |
| ked          | ¥              | WHILE NOT WHILE AT WORK   | (AT HOME, STREET, FACTORY, OF   | FICE, FARM, ETC.) | SIKEET                                 | CITY OR TOV  | /N  | COUNTY             | STATE  |
| morked       |                | 220.1 certify that (1) (this hospite                                  | ol) attended the deceased fr  | om_12/16          | /77 19                                 | , to V27   | 3/80 19   | 9                  | that (1) (we) last                           |
| 21 is        | 3              | sow the deceased alive on.  | 11/14/80  | 19, on            | d that in (my) (our) apinion           | death occurred on the de                           | ate and hour  | and from the       | couses stated                                |
| Hem          |                | abave, (1) (we) (did) (did not<br>22b. SIGNATURE                      | view the body after death.  |                   | DEGREE                                 |  |   | 22c. DATE          | SIGNED                                       |
| #            |                | ( ) dans to   | MARI TAME   | n mi              | ATTENDING PHYSICIAN                    | MEDICAL STAI                                       |   | 100                | 0.400  |
| Z T          |                | 22d. PHYSICIAN'S NAME (TYPE OR  | RINT  | 0( ) 1(           | 122e ADDRESS                           | O DIRECTOR I PHYSIC                                | .IAN _  | 1 17/              | 3/80   |
| MPORTANT: #  |                | Christopher Un  | ger, M.D.   |                   | 8218 Wiscons                           | in Ave. Bet  | h.Md.20   | 0014               |  |
| IMPORTANT: # | 23a B          | URIAL CREMATION, REMOVAL  | 23b. DATE   | 230 NAME OF C     | EMETERY OF CREMATORY                   | 23d. LOCATION                                      |   | OUNTY              | STATE  |
|              |                | Burial  | NIC 8, 1980   | Kornty            | Cerneling                              | monroe (   | operty,   | Sno                | lians  |
| 73           | 24 FL          | INERAL DIRECTOR   | 254 Costs   | tollow            | + 17:403 WELL                          | ESEC.D. PAREPLANT                                  | M-24-7  | No.                | Mary San |
|              | \$1            | Williak Allalliko   | Machine   | ston &            | 1.G 20012                              |  |   | 1                  |  |
|              | -              |   |   | 7                 |  | 999  | CHARLES THE PARTY OF THE PARTY | PERSONAL PROPERTY. | THE RESERVE OF THE PERSON NAMED IN           |

in and in tens ". Pohronder, Tense an 13st

| 1/              |  | 1.            | FOR                    |                                    |                             | DEPARTMENT OF                                      | HEALTH          | AND MENTAL HYG                 | IENE                          | W. 2                |                               | ina.      |
|-----------------|--|---------------|------------------------|------------------------------------|-----------------------------|--|-----------------|--------------------------------|-------------------------------|---------------------|-------------------------------|-----------|
| 1 7             | 1784   | 1-            | STATE<br>REGISTRAR     |                                    |                             |  |                 | ERTIFICATE OF                  | DEATH REG.                    | 3 2                 | 5 (                           | )         |
| 6               | a sell o   |               | CEASED NAME            | FIRST                              |                             | WIDDLE   |                 | LAST                           | 20. DATE KNOWN                |                     | Y YEAR 26                     | HQUB      |
| U               | MI   | (14)          | E OR PRINT)            | Robert                             |                             | 6.   | CI              | empots                         | OF ESTI-<br>DEATH MATED       | D . 2 .             | 61980 3                       | 3 P.      |
|                 | or or  | 3. SEX        | 1                      | RACE                               | 5. DATE OF BIRTH            | 6. AGE (IN Y                                       | EARS IF UN      | DER 1 YR. IF UNDER 24          |                               | MONTH DA            |                               | HOUR      |
| NA.             | N ON S   |               |                        | White                              | April 4                     | .54 26   | RS.             | HS DAYS HOURS MIN              | PRONOUNCED<br>DEAD            | Dec. 16             | 180 3.                        | PM        |
| NECESS S        | 5 FOR WITHIN W. PREST  | FC            | RTHPLACE (STA          |                                    | TE CHIZEN OF WE             | AT COUNTRY?  | & MARRI         | ED X NEVER MARRIED             | 9. BALTIMORE CITY             | OR COUNTY OF        | FDEATH                        |           |
| Ä               | 2,332  | V             | irgini<br>TY OR TOWN O | a                                  | an:                         |  | WIDOW           |                                | 1 Mont                        | gomery              |                               | MD.       |
| AY IS           | AGE 301 W  | 10. C         | Rall                   | PDEATH                             | (IF NOT IN SUCH FAI         | PITAL, NURSING HOM<br>CILITY, GIVE STREET ADDRESS) | IE, OR OTH      | ER INSTITUTION 12a             | ON MOST OF WORKING LIFE       |                     | KIND OF BUSINE<br>OR INDUSTRY |           |
| DEL             | S S S  | USU           | L RESIDENCE (#         | 500 M                              | DR OTHER INSTITUTION GA     | OURBAN VE RESIDENCE BEFORE ADMIS                   | Ho:             | 5D, TA!                        | Lumberma                      | in S                | aw mil.                       | 1         |
| 21201<br>IF ANY | SHOULD BE SHOULD | 113a S        | arylan                 | DUN                                | TY                          | 13c. CITY OR TOWN                                  |                 |                                | STREET ADDRESS                |                     |                               |           |
|                 | 2. AL RE   |               | THER'S NAME            | a [ nowa                           | aru                         | Mt. Air  | 7               | YES NO X                       | Box 355                       |                     |                               |           |
| , MD            |  |               | enjami                 | n                                  | MIDDLE                      | Clements   | 2               | Donnie                         | MIDDLE B.                     | Do                  | £AST                          |           |
| ORE<br>ER D     | FORM<br>FS 1 AN  | láa V         |                        | EVER IN U.S. AR                    |                             | 166. SOCIAL SECURI                                 |                 | 17. INFORMANT                  | ADDRE                         | 0.0                 | ese                           |           |
| LTIM            | 18. GIVE PAGES 1<br>WITH FORM PW<br>IT. PAGES 1 AND<br>DIVISION OF VIT   | ('            | No                     | (IF YES, GIVE                      | WAR OR DATES)               | 215 48 8   | 3381            | Kenneth F.                     | Clements                      | Middl               | Appaloe                       | osa<br>Ma |
| ., B.A.         | WIT. PA  |               | 18 CAUSE OF            | DEATH (Enter an                    | ly one couse per line       |  |                 |                                |                               |                     | APPROXIMATE INTER             | RVAL      |
| Z I             | ALONG<br>ALONG<br>F PERMIT<br>YGIENE,  |               | PARTIDEA               | TH WAS CAUSED  IMMEDIA             | TE CAUSE (a)                | Multip   | 1+:I            | njories.                       | Jevere -                      |                     | THE THE PARTY AND             |           |
| ESTON<br>HIN 24 | SIT PI<br>HYGI   | 5             | 8120                   | ),                                 | DUE TO, OR                  | AS A CONSEQUENCE                                   |                 | 5 /                            | ,                             |                     |                               |           |
| PR VIII         | PENCIL IN<br>AMINER A<br>L-TRANSIT<br>ENTAL HYC<br>REMOVAL   |               | gove rise              | , if any, which to immediate       | (b)                         | アミレロコラ   |                 | e Accide                       | nt.                           |                     |                               |           |
| I W             | - × × × ∞  |               | lying cause            | tating the <u>under</u> -<br>last. | DUE TO, OR                  | AS A CONSEQUENCE                                   | OF              |                                |                               | 2                   |                               |           |
| S, 30           | BURIE<br>NND<br>NND  | ľ.            | PART 2 OTHER SIGN      | IEICANT CONDITIONS                 | CONTRIBUTING TO DEATH I     | BUT NOT BELATED TO THE YEA                         | Millian Birrarr | OR CONDITION GIVEN IN PART 1 ( |                               |                     |                               | _         |
| RECORDS,        | "PENDING" IN IEF MEDICAL E) SED AS A BURIL F HEALTH AND A CREMATION, O   | Z             | TAKE E OTHER SION      | micani conpilions                  | CONTRIBUTION TO DEATH E     | OUT NOT RELATED TO THE TER                         | MINAL DISEASE   | UK CONDITION GIVEN IN PART I   | 0).                           |                     |                               |           |
| REC             | ED A HEAL  | CERTIFICATION | 19a. DATE OF C         | PERATION                           | 196 CONDIT                  | ION FOR WHICH OPE                                  | RATION W        | AS PERFORMED?                  |                               | 20                  | L AUTOPSY?                    |           |
| VITAL           | CHIEF OF H   | FE            | 100                    |                                    |                             |  |                 |                                |                               | - 10 Bar            | YES NO                        | 010       |
| OF V            | RITING THE WORD RDED TO THE CHI RE 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL,   |               | 21a. EXTERNAL          |                                    | 216. TIME OF                | INJURY<br>MONTH DAY YEA                            | 21c. HC         | OW INJURY OCCURRED (E          | NTER NATURE OF INJURY IN ITEM | 8 PART T OR PART 2) | 4 - 1 - 1                     |           |
| NO<br>IFIC      | ARIA<br>R TO   | MEDICAL       |                        | OR<br>G CAUSE OF I                 | DEATH 1246 PM               | TRE/ 198   | O Ka            | n Truck int                    | : Tizctor. Ti                 | ailer               | attivity is                   |           |
| DIVISION        | WRITING<br>ARDED<br>AGE 3 SI<br>ATE DEP.   | MEDI          | 21d INJURY OC<br>WHILE |                                    | ZIe PLACE C<br>STREET, FACT | OF INJURY (ATHOME, ORY, FARM, ETC.)                | 21f. LOC        | CATION                         | CITY OR TOWN                  | COUNTY              |                               | STATE     |
| Ī               | MA PA PO   |               | AT WORK                | NOT WHILE AT WORK                  | ×   57,                     | reat   | Ric             | gesta.                         | Pamasco                       | 6 MOIT              | gimel ]                       | MAR       |
| ě               | ATE, POR'S   |               | 22a. I certify         | that I took charg                  | e af the remains desc       | cribed above, held on                              | Autops          | y . Inspection 🗵               | ], Inquiry 🔼,                 | ond in my apinion   |                               |           |
| N N N           | SE S   | 63            | death resulted         | fram: Notur                        | al causes .                 | Accident , S                                       | vicide .        | , Hamicide . U                 | ndetermined manner            | ,                   |                               |           |
| EXA             | OLD<br>DIR<br>WIN  |               | ACTUAL                 | 0                                  | f. 81 1                     | RAP  |                 | TITLE (SPECIFY)                |                               | DATE D              | . 1. 10                       | 27)       |
| Z¥2             | SHO<br>SHO<br>RAL<br>ATH<br>RE, M  |               | SIGNATURE              | 11                                 | m                           | treet  | M.              | Di Sepury                      | MEDICAL EXAMINER              | SIGNED              | c 16,19                       | 00        |
| AEDI            | WO WO  |               | EXAMINER'S N           | AME JOH                            | n G. Ba                     | 11, MD   |                 | ADDRESS 7936 O                 | ld Georget                    | own Rd              | . Beth                        | esda      |
| 10              | EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE ST BAITIMORE, MARYLAND, 217   | 23a. B        | JRIAL, CREMATI         | ON,REMOVAL 2                       |                             | 23c. NAME OF CE                                    |                 |                                | d. LOCATION<br>CITY OR TOWN   |                     | STATE                         | ल्ये.     |
|                 | 3P   | (5            | Buria                  | al                                 | 12/18/8                     | 0 Upper  | Sene            | ca Ceme.                       | Cedar Grow                    | e Mont              |                               |           |
|                 | DHMH - 17  |               | NERAL DIRECTO          |                                    | ADDRESS                     |  | 7               | 25a. DATE REC'I                | 8 1980                        | ESTRATE SOUND       | TURK                          |           |
|                 | R A15 ME (5))<br>15M 7/77  | 0.            | lin L.                 | Molesw                             | orth, P.                    | .A. Dama   | scus            | Md.                            | 0 1300                        | 1                   | 1                             |           |
|                 |  |               |                        |                                    |                             |  |                 |                                | 25/200 st x 250 st x          | AVERTON DAY         | 4.00                          |           |

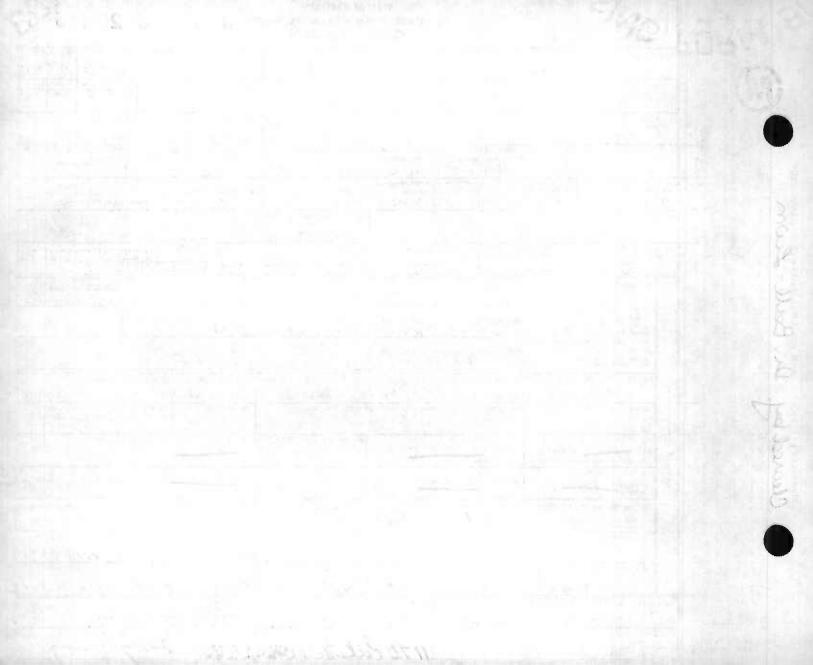
Male White Whent 4,54 25 w Maxyland | Howard | Mt. | ixy ECL XOL X Benjird: P. Clements Connie B. Deese Bacolseun TOLL 215 48 8381 Kenneth F. Claments Mindletenn, Md. The line John C. Ball, and \_\_\_\_7936 Old Ceorcetown 9d, Rethead Burial 12/18/80 - Truer Seneda Cowe. Color Grove Hones. Md. Olin L. Mole worth, P.A. Danmacus, Md. - 2 W. L.

| 4                    | 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO. |  |  |   |                        |              |                             |  |                  |                                     | 5  |  |
|----------------------|--|--|--|---|------------------------|--------------|-----------------------------|--|------------------|-------------------------------------|--|--|
| ,                    |  | CEASED NAME FIRST OR PRINT)  Evelyt  |  | MIOOLE T.   |                        | chran        |                             | 20 DATE OF DEATH   |                  | DAY YEAR  5 80                      | 26. HOUR                                   |  |
|                      | 3. SEX   |  | 4. RACE  |   | 5 DATE C               |              |                             | 6. AGE (IN YEARS LAST BI                                   | RTHDAY           | IF UNDER I YEAR                     | R IF UNDER 24 HRS                          |  |
| 77                   |  | emale  | Caucas   | sian  | March                  | 10°AY        | 1915                        | 65   | YRS.             | MONTHS DAYS                         | HOURS MIN.                                 |  |
| +7                   |  | RTHPLACE (STATE OR FOREIGN ODNING) Shington, D.C.  |  | WHAT COUNTRY?   | 8<br>MARRIEI<br>WIDOWE | NEVER A      | MARRIED                     | 9 BALTIMORE CITY O   | OR COUNTY        | OUNEV                               | M  |  |
| 70                   | E  | ethesda  | Subur  | HOSPITAL, NURSIN<br>ICH FACILITY, GIVE STREET<br>Dan Hosp | ADDRESS)               | R OTHER INS  | TITUTION                    | 12a USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST (<br>HOMEMAKE) | ION              | 12b. KIND                           | e BUSINESS OF                              |  |
| 35                   | 13a. S<br>Ma   | aryland Mont   | TOTHER INSTITUTION GIVE RESIDENCE BEFORE ANTY  THE TOTHER |   | N I                    | 13d INSIDE C | NO 🗌                        | 26607 Hand   | . ,              | ,                                   |  |  |
| 50                   |  |  | F.   | Johnson   |                        | Ed           | s maiden na<br>d <b>ith</b> | MIDDLE   |                  | Alle                                | ast<br>en                                  |  |
| Diname of the second |  |  | RMED FORCES?<br>VE WAR OR GATES)   | 577-40-8  |                        | Abbie        |                             | 12316 Need1  |                  | ,Clarks                             | sburg,Md                                   |  |
|                      |  | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE  | nly one couse pe   |   |                        |              |                             |  |                  | APPRO<br>BETWEEN                    | XIMATE INTERVAL<br>NONSET AND DEATH        |  |
|                      |  |  | IMMEDIATE CAUSE (o) INETASTATIC HYPERNEPHROMA  DUE TO, OR AS A CONSEQUENCE OF  Londitions, if ony, which  (b) HYPERPEPHROMA  |   |                        |              |                             |  |                  |                                     |  |  |
|                      |  | Conditions, if ony, which  | DUE TO, C  | OR AS A CONSEQUE  | ENCE OF                | 2.000        |                             |  |                  | 17                                  | VEDDS                                      |  |
| injury, or omer      | NOI  | cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT                                       | CONDITIONS C   | OR AS A CONSEQUI  |                        | NOT RELATED  | TO THE TERM                 | INAL DISEASE OR CON  | IDITION GIV      | EN IN PART 1                        | (0)  |  |
| 2                    | CERTIFICATION  | 7/23   | 196 CONE   | S AA  | OPERATION E            | WAS PERFO    | DRMED                       | 200 AUTOPSY?   | IN CERTIF        | S, WERE FIND<br>FYING CAUSE<br>S [] | INGS USED<br>S OF DEATH?<br>NO             |  |
| 9                    | MEDICAL CER  | 21a ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | ATH HOUR A   | OF INJURY<br>A.M. MONTH D.                                | AY YEAR                | 21c HOW IN   |                             | RED (ENTER NATURE OF INJU                                  | JRY IN ITEM 18 F | PART 1 OR PART 2)                   |  |  |
| -1                   | MED  | WHILE NOT WHILE AT WORK  |  | OF INJURY<br>TREET, FACTORY, OFFICE, F                    | ARM, ETC.)             | STREET       | ON T                        | CITY OR TO   | NWO              | COUNTY                              | STATE                                      |  |
|                      |  | 220 I certify that (I) (I) is hosp<br>sow the deceased all obove (I) we) (did (idid is<br>22b. SIGNATURE       | 12   | he deceosed from  |                        | od that (my) | our) opinion                | , todeath occurred on the d                                | lote and hou     |                                     | , the (I) we) lose couses stated  E SIGNED |  |
|                      | H  | Allo   |  |   | _                      | ,            |                             | MEDICAL STA  | FF<br>CIAN       | 12)                                 | 15 fo                                      |  |
| 1                    |  | Samuel Himme   |  | M.D.  |                        | 11510        |                             | eorgetown R  | d.,Roc           | kville                              | ,Md.                                       |  |
|                      | (  | URIAL, CREMATION, REMOVAL<br>SECURY)<br>Burial   | Decemb   | 1980  |                        | le Ceme      |                             | 23d LOCATION CITY OF TOWN ROCKVIlle                        | Mon              | county<br>taomery                   | Marvla                                     |  |
|                      |  | INERAL DIRECTOR OBERT  |  | HREY FUNE   | RAL H                  | DMES P       | A 250. DAT                  | E REC'D. BY REGISTRAN                                      |                  | HAR'S SIGNA                         | Budy                                       |  |

12 1 5 1 2 1 EV ashin con.... The Property of the Property o della fatta famount . The manual . The manua Sylvenighte County Toute County and the County of the County and the County of the Cou EZERGEN S. Lill. efffydant. 1. medannod aft bfalf. 10.11. Jackferski fausk probably 23 1880 fresholding

\_ 10 1001.00 101 Manager and the contract of the meaning of the meaning Topped the total and the Topped to the ferri Circillad I. Passera II. DELISIO PAUL STEEDS STORY LEGG. Organization total sector of the darket artismone to rolling Rivert Summer grand 12 miles 24/21 11 34/2 24 22/21 But Keper ( aum de D ... - 2 1427/100 2720 FARSON THE BOTT RET BARRY A. ROSEWBALLE IN Commutes ... 1980 deresting content of the content of the content of English and April 12 and 12 an

|        |   |   |  |   |                             |                    | STATE OF MARYL                     |                  | 45 45   | 5.4sb            | 0            | ç                 |
|--------|---|---|--|---|-----------------------------|--------------------|------------------------------------|------------------|---|------------------|--------------|-------------------|
|        | MIN.  | X                                       | 1-   | FOR<br>STATE<br>REGISTRAR                                 |                             |                    | T OF HEALTH AND<br>ERTIFICATE OF I |                  | REG. NO   | 5                | 2 4          | 5 3               |
|        | -   | 0                                       |  | EASED NAME FIRST  | MIDDLE                      |                    | LAST                               |                  |   | MONTH DAY        | YEAR         | 26 HOUR           |
| 1      | 200   |   | (TYPE C  | TARE  | D                           |                    | COHEN                              |                  |   | 12 12            | - 80         | 0510A             |
| 16     | WY:   | -                                       | 3 SEX  | 011.  | 4 RACE                      | 1                  | DATE OF BIRTH                      | / HEAR           | AGE (IN YEARS LAST BIRTI                        |                  |              | IF UNDER 24 HRS   |
| 1      |   | once.                                   |  | MALE  | CAUCAS                      | IAN                | 04/21                              | 175              | 5_  | YRS              |              |                   |
|        | al d  | 201                                     |  | THPLACE (STATE OR FOREIGN                                 | 7) CITIZEN OF WHAT C        | OUNTRY?            | MARRIED   NEVER                    | MARRIED 4        | BALTIMORE CITY O                                |                  |              |                   |
|        | r dea<br>funer<br>in 72                             | 20                                      | 10.017   | MD.   | 0 0 24                      | w                  | DOWED D                            | NORCED           | MONTO   |                  |              | O MD.             |
|        | the the with  | PA                                      | ( )  | Y OR TOWN OF DEATH  | 11. NAME OF HOSPITA         | , GIVE STREET ADDI | RESSI                              |                  | 12a USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST OF | WORKING LIFE     | INDUSTRY     | BUSINESS OR       |
| 1201   | n by<br>filed                                       | Jan | USUA   | L RESIDENCE (IF NURSING HOME OR                           | OTHER INSTITUTION GIVE BEST | DENCE REFORE ADA   | -                                  | DEMOSI           |   |                  |              |                   |
| 102    | lled<br>d be  | 1                                       | 130. 51  | ATE 130 COUN  | VIY 1136 CIT                | YORTOWN            | 134 INSIDE C                       |                  | 3. STREET ADDRESS                               | 1                |              | P House           |
| 35     | within<br>tely fill<br>should                       | xam                                     | 14 FA1   | HER'S NAME  | 3101 . IP                   | OTTYMA             |                                    | S MAIDEN NAM     | 8406 J  | EB_STI           | ART_R        | D                 |
| E E    | plete<br>d 2 s                                      | 3/57                                    |  | C-ADPLA   | MIDDLE                      | LAST               | CHE                                | FIRST            | MIDDLE  |                  | LAST         |                   |
| 5      | com<br>1 an   | ned                                     | 160 W  | AS DECEASED EVER IN U.S. AR.                              | MED FORCES? 166 SO          | CIAL SECURITY      | NO 17 INFORM                       |                  | ADDRE   |                  | EWMAN        |                   |
| g &    | be en   | the                                     | IVE  | NO OR UNKNOWN]   IF YES, GIVE                             | WAR OR DATES                | NONE               | CDE                                | G KAYE           | 421 CHR   | ISTOPH           |              | URG MD            |
| E I    | icate l   | /ent,                                   |  | 18 CAUSE OF DEATH (Enter on                               | ly one couse per line for   | <del></del>        |                                    | J NAIL           | 4/1   |                  |              | ATE INTERVAL      |
| 2      | phy:  | tic e                                   |  | PART I. DEATH WAS CAUSE                                   |                             |                    | PATORY                             | 1 AR             | REST  |                  |              | mutes             |
| S &    | ath c   | e ma                                    | per la constitución de la consti | 4860  | DUE TO, OR AS A C           | ONSEQUENC          | F OF                               | MARK.            |   |                  |              |                   |
| 30     | atten<br>ve ca                                      | er tra                                  | /  | Canditions, if any, which                                 |                             | JERE               | DEBI                               | LITAT            | 70 N  |                  |              |                   |
| 2      | the the emon  | other                                   |  | gove rise to immediate couse (a), stating the             | DUE TO, OR AS A C           | ONSEQUENC          | E OF                               |                  | 5 18 33 15                                      |                  |              |                   |
| ===    | ed by   | ٠.                                      |  | underlying cause lost                                     | ( Ic) PA                    | JEUM               | ONIA                               | : 58             | 12URE   |                  |              |                   |
| S, 2   | signe<br>signe<br>en ple                            | n ici                                   |  | PART 2 OTHER SIGNIFICANT                                  | ONDITIONS CONTRIBU          |                    |                                    |                  |   |                  |              |                   |
| 8 1    | The   | any                                     | 2  |   | PHACUS                      |                    |                                    |                  | MALFORM   |                  | SE/2 GRE     |                   |
| ₹ 41   | has t   | Swood 2                                 | CERTIFICATION  | 90 DATE OF OPERATION                                      | 196 CONDITION FO            | OR WHICH OP        | ERATION WAS PERFO                  | DRMED            | 20a AUTOPSY?                                    | IN CERTIFY IN    | G CAUSES C   | OF DEATH?         |
| A P    | CIAN: TY<br>CIAN.<br>Ificate hansit perm<br>Hydione | 18 s                                    | ERT  | 21a ACCIDENT WAS UNDERLYING                               | 3 216. TIME OF INJUR        | Y                  | I 21/ HOW IN                       | ILIBY OCCUPRE    | YES NO NO                                       | YES [            |              | NO 🗌              |
| 20     | VSici<br>VSici<br>VSici<br>trans                    | Item                                    |  | OR CONTABULING CAUSE OF DEA                               | HOUR A.M. MO                |                    | YEAR                               | JON I OCCURRE    | (ENTER NATIONE OF INJOIN                        | TIN UEM 16, PART | I OK PART 21 |                   |
| 2 3    | PHY<br>ng ph<br>ng ph<br>this c                     | 6                                       | MEDICAL  | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M.<br>21e PLACE OF INJU   | IRY                | 19 21f LOCATI                      | ŌN               |   |                  | -            |                   |
| Je Sie | endin<br>fter<br>he bu                              | arked                                   | ME   | WHILE NOT WHILE AT WORK                                   | (AT HOME, STREET, FACTO     |                    |                                    |                  | CITY OR TOW                                     | И                | COUNTY       | STATE             |
| 60     | r att   | E si                                    | 1  | 220.1 certify that (I) (this haspi                        | tol) ottended the deceo     | sed from           | laily                              | 19 80            |   | . 19             | 1930,11      | not (I) (we) last |
|        | CTO USE   | m 21                                    |  | sow the deceased alive on above ((I) (we) (did) (did no   | 12-11-                      | 19.80              | , and that in (my                  | (our) opinion de | eath occurred on the do                         |                  |              |                   |
|        | DIRE hed f  | f Ite                                   |  | 226. SIGNATURE  | I View the bady after de    | /                  | DEGREE                             |                  |   |                  | 22c. DATE S  |                   |
|        | AL he   | - : L                                   |  | / Smine   | SON CO                      | Ceme               |                                    | PHYSICIAN []     | MEDICAL STAF                                    |                  | 12-1         | 2. fr             |
|        | d by the  | TAT                                     |  | 224. PHYSICIAN'S NAME (TYPE O                             | R PRINT)                    |                    | 22m ADDRES                         |                  |   |                  | 0.00         |                   |
|        | retained by to                                      | IMPORTANT                               |  | RAYMOI  | UD H C                      | 048111             | AN 11/1                            | 9 RO             | CKVILLE   | PILC             | ROCK         | UKCE, MU          |
| 10     | or of s   | 2                                       | 23e Bt   | JRIAL, CREMATION, REMOVAL                                 | 236. DATE                   | 23c. NAA           | AE OF CEMETERY OR                  | CREMATORY        | 234 LOCATION<br>CITY OR TOWN                    | co               | UNTY         | STATE             |
| 10     | BP  | _                                       |  | BIIRTAT.  | 12-14-80                    | K                  | ING DAVII                          |                  |   | CHURCH           |              | 1                 |
|        | DHMH-16   |   |  | NERAL DIRECTOR  |                             | ADDRESS            | - D 11 11                          | 250 DATE         | REC'D. BY REGISTRAR                             | 256. BEJGISTRA   | R'S SIGNATU  | RE                |
|        | (VRA 15, 4  | 1) 1/79                                 | D  | ANZANSICY-  | GOLDBENG                    | - 117              | O KOCKUILL                         | EALDE            | T 8 12R0  | 1                |              | 7                 |



|   | )  |  |               | STATE OF MARYLAND  |
|---|--|--|---------------|--|
| 1 | y  |  | 1-            | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 4 5 4  |
| 1 |  |  |               | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.   |
|   |  |  |               | LEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25. HOUR OF ESTI-  |
|   |  | Sange  | 1             | MACON BANKS CORPA, DEATH MATED \$ 12 2 1080 P-M  |
|   |  | ASER E   | 3. SEX        | 4 RACE S DATE OF BIRTH & AGE (IN YEARS IN UNDER LYR DETUNDER 24 HRS 27 DATE MONTH DAY YEAR 24 HOLIR  |
|   |  | 200  | И             | MIZE White JAY 3 1898 8 YRS MONTHS DAYS HOURS MIN. PRONOUNCED Dec 5 1980 11-12   |
|   |  |  |               | RTHPLACE ISTATEOR 76. CITIZEN OF WHAT COUNTRY? 8.  |
|   |  | DEPER  | FO            |  |
|   |  | 2243   | 10_CI         | TY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1/20 USUAL OCCUPATION (TYPE OF WORK 1/20, KIND OF BUSINESS   |
|   |  | FE85400  | 17            | 22 thesela 4890 Battery LARE LT. U.S. W. MAY   |
|   |  | DE NO PE   | USUA          | LRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  |
|   | 10                                       | CORD B   | 13a S         |  |
|   | 2120                                     | SHORT SHOW   | 14            | 1d Mont Gomery Betheld n YES T NO 14890 BATTERY LANG   |
|   | WD.                                      | PW. STA  | 1             | THER'S NAME  IS MOTHER'S MAIDEN NAME  FIRST  LAST  LAST  |
|   | w.                                       | DEAT PAR   | 1             | JOHN CHAR COREN TANNIE M. CONKOR   |
|   | MO                                       | FTER DE<br>FORM<br>FORM<br>ON OR   | 16a. V        | AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT CADDRESS999 Greenbell, Res. Sive war or dates)   |
|   | ALTIMOR                                  | URS AFTER DEATH.  8. GIVE PAGES 1, 2, WITH FORM PM 3  PAGES 1 AND 2 S  DIVISION OF VITAL   |               | res 1213-46-944 [Alnica hadorde Larkham Md20x01  |
|   |  | JB. C  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  BART OS ATTACA THE CONTROL OF THE COURSE PER COUSE PER COURSE PART OF THE COURSE PART OF T |
|   | 4 ST                                     | HIN 24 HOU<br>IN ITEM 18<br>R ALONG<br>ISIT PERMIT<br>HYGIENE,   |               | PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) CONTROL OF DISCOSE  OF THE PARTIDEATH WAS CAUSED BY:  |
|   | PRESTON                                  | A ALO  | 1             | DUE TO, OR AS A CONSEQUENCE OF   |
|   | S. S | MINER<br>MINER<br>TRANSI<br>MTAL H   |               | Conditions, if any, which gave rise to immediate (b)   |
|   | *  | UTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT OF REMOVAL  |               | cause (a) staffing the <u>under</u> . DUE TO, OR AS A CONSEQUENCE OF   |
|   | 301                                      |  |               | lying couse lost.  |
|   |  | EXEC<br>AGE<br>A BUI<br>AND<br>SON,  |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o.  |
|   | RECORDS,                                 | "PENDING" "PENDING" "PENDING" SED AS A BUI HEALTH ANG  | N             |  |
|   | REC                                      | ULD BE E   | F             | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?  |
|   | VITAL                                    | 우유트의법과   | 윤             | YES 🗆 NO 💆   |
|   |  | FR. THIS CERTIFICATE SHOWING THE WORD ORWARDED TO THE CHE RE A PAGE 3 SHOULD BE URE STATE DEPARTMENT OF STATE OF PRIOR TO BURIAL,  | CERTIFICATION | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  |
|   | O  | KA HE HE TAME  |               | UNDERLYING OR HOUR A.M. MONTH DAY YEAR   |
| - | DIVISION OF                              | CERTIFING TOPED TO | MEDICAL       | CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21d PLACE OF INJURY (ATHOME) 21f. LOCATION   |
|   | NO.                                      | S CE<br>SOFE<br>E 3<br>PR  | ME            | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE   |
|   | -  | WAR<br>WAR<br>WAR<br>TATI  |               |  |
|   |  | INER:<br>ICATE,<br>FOR:<br>THE S   | - 1           | 22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , ond in my opinion   |
|   |  | EXAMINER<br>CERTIFICAT<br>JLD BE FO<br>DIRECTOR:<br>WITH THE<br>ARYLAND, 3   |               | deoth resulted from: Notural couses X, Accident , Suicide , Hamicide , Undetermined monner ,   |
|   |  | ~ m ~ = > @  |               | TITLE (SPECIFY)  |
|   |  | AL AL  |               | ACTUAL SIGNATURE Def Ball M.D. Deputy MEDICAL EXAMINER SIGNATURE SIGNATURE   |
|   |  | DIC<br>VER<br>VER<br>ORE   |               | 71/ 22   |
|   |  | EXECUTE THE CI<br>EXECUTE THE CI<br>PAGE 4 SHOUL<br>TO FUNERAL D<br>AFTER DEATH, V<br>BALTIMORE, MA  |               | (TYPE OR PRINT) JOHN G. 15 All address 4936 Old Geo Town Rd Bethesda   |
|   | 4  | 25 × 25 × 2  | 23o.B         | JRIAL, CREMATION, REMOVAL 236. DATE 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE   |
|   |  | BP   | B             | unial Dec 10,980 AhlingTon Not 1 AnlingTon, And Va   |
|   |  | DHMH - 17  | 24. F         | INERAL DIRECTOR NAME  ADDRESS 8655 Georg: MAYE 250. DATE REC'D. BY REGISTRAL 256 III   |
|   |  | (VR A15 ME (5))<br>15M 7/76  | W             | W.Chambers Co Silver Say md. Dec 12 1000   |
|   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |               | A CONTRACTOR OF THE PARTY OF TH |

12 to the little and the analysis of the last of the little and th STREET, STREET AV LIA SOLD IN I THE THE PARTY OF THE PARTY

| X (  | 1-            | FOR<br>STATE<br>REGISTRAR  | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 2 4 5  CERTIFICATE OF DEATH  REG. NO.   |                 |  |   |   |  |  |  |  |  |
|--|---------------|--|---|-----------------|--|---|---|--|--|--|--|--|
| ne .   |               | CEASED NAME FIRST OF PRINTI  | M. Colte  | (AST            |  | December 13, 1980 34                                      |   |  |  |  |  |  |
| 0.00   | 3 SEX         |  | 4 RACE  | 5 DATE OF       |  | 6. AGE (IN YEARS LAST BIR                                 |   |  |  |  |  |  |
| \$35   | F             | emale  | @.White   | MONTH<br>7-     | 7 86   | 94  | YRS. MONTHS DAYS HOURS MIN  |  |  |  |  |  |
| M)   |               | RTHPLACE (STATE OR FOREIGN WINTRY)   | U.S.A.  | MARRIED WIDOWED | NEVER MARRIED DIVORCED                                 | Montgomery County M                                       |   |  |  |  |  |  |
| 967  |               | Iver Spring  | 11. NAME OF HOSPITAL, NURSIN<br>(ENOT IN SUCH FACILITY, GIVE STREET<br>Carraage Hil   | G HOME OR       |  | 120 USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST O<br>CIVIL SE | ION 126. KIND OF BUSINESS OR SEWORKING LIFE INDUSTRY                      |  |  |  |  |  |
| #17  | USU/<br>13a S | L RESIDENCE (IF NURSING HOME OF  | OTHER INSTITUTION, GIVE RESIDENCE BEFORE 131. CITY OR TOW Washing   | E ADMISSION)    | Id. INSIDE CITY LIMITS?                                | 13. STREET ADDRESS<br>2220 201                            | th. St., N.W.#32  |  |  |  |  |  |
| 001  | 14 FA         | 77   | ohnson Colt   |                 | MOTHER'S MAIDEN NA FIRST Ann                           | ME Ophlia   | Biscoe  |  |  |  |  |  |
| 3  | IY            | (AS DECEASED EVER IN U.S. AR.<br>ES, NO OR UNKNOWN)   TIFYES, GIVE<br>NO   | MED FORCES? 16b. SOCIAL SECU<br>WAR OR DATES)   |                 | nn Ophilia   | ADDR  | 145 W St.N.W.   |  |  |  |  |  |
| al, cremation, or remo   |               | PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF CON discherences  DUE TO, OR AS A CONSEQUENCE OF CON discherences  (b)  DUE TO, OR AS A CONSEQUENCE OF CON discherences  (c) |                 |  |   |   |  |  |  |  |  |
| Then pleas<br>or to burial<br>any injury,  | NO            | PART 2 OTHER SIGNIFICANT C   | CONDITIONS CONTRIBUTING TO  | DEATH BUT NO    | OT RELATED TO THE TERM                                 | AINAL DISEASE OR CON                                      | DITION GIVEN IN PART 1(a)   |  |  |  |  |  |
| 3 shows  | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FOR WHICH   | OPERATION       | WAS PERFORMED  | 206 AUTOPSY?  | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO |  |  |  |  |  |
| Vental Hygin or Item 18  | -             | 710. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA  | THE TIME OF INJURY HOUR A.M. MONTH D.   | AY YEAR         | HE HOW INJURY OCCUR                                    | RED JENTER NATURE OF INJU                                 | RY IN ITEM 18, PART 1 OR PART 2)  |  |  |  |  |  |
| marked o   | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 216 PLACE OF INJURY<br>LAT HOME, STREET, FACTORY, OFFICE, F   |                 | If LOCATION<br>STREET                                  | CITY OR TO  | WN COUNTY STATE   |  |  |  |  |  |
| hould be detached for use as vith the State Dept. of Healt MPORTANT: If Item 21 is |               | 27a   certify that (1) (this haspi<br>saw the deceased alive an<br>above, (1) (war) did (did no<br>27a SIGNATURE               | - Centre  | M               | that in (my) (our) apinian  GREE ATTENDING PHYSICIAN ( | medical STA   |   |  |  |  |  |  |
| should be detactive with the State   | 23e B         | urial, cremation, removal<br>PECKYBurial   | 23h. DATE 23c. 1  |                 | SETERY OR CREMATORY                                    | 123d LOCATION CITY OR TOWN Oakley                         | . St. Marv's. Md.   |  |  |  |  |  |
| H-16 25M<br>15, 4) 1/79  | 24 FU         | neral director<br>Čľarke Matti   | ingley, Leonai  |                 | 25e. DAT   | E REC'D. BY REGISTRAR                                     |   |  |  |  |  |  |

Bruce M. Collon Silver String Carraage Hill Nursing Name , Daria Evication - and a fact of the control of the c . The state of the the gift of glent an follow . In return the last of the same the last

Medicary Lad Carrier SWITZER - PARKELLE COLUMNIA - PRINTING MARYERSOND MONTE WHEN I SELF BEET HIBER PLE The was of comment of the same of the same STREET OF STREET IN COMMERCE TO THE WEST HILLARD PRIMITE SALLY LAND We from the little that the color of the state of the same

FOR

| STATE OF MARIENIO |  | STATE | OF | MARYLAND |  |
|-------------------|--|-------|----|----------|--|
|-------------------|--|-------|----|----------|--|

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

| 1        | 1.            | REGISTRAR  |   | CERTIFI             | CATE OF DEATH                   | RF                                    | G. NO.                   |                      |                   |
|----------|---------------|--|---|---------------------|---------------------------------|---------------------------------------|--------------------------|----------------------|-------------------|
|          |               | CEASED NAME FIRST                                    | MIDDLE  | a la                | ST .                            | 20. DATE OF DEA                       | H MONTH                  | DAY YEAR             | 26 HOUR           |
|          | (TYPE         | EMMA   | L.  | CON                 | ROY                             |                                       | 12                       | 25 180               | 825 M             |
|          | 3. SE         | × C  | 4 RACE  | 5 DATE OF           | BIRTH YEAR                      | 6. AGE (IN YEARS LA                   | T BIRTHDAY)              | MONTHS DAYS          | IF UNDER A HRS    |
| 1.       |               | temale   | white   | 4                   | 12 1904                         | 76                                    | YRS                      | INDIANIO GAIO        | 1100110           |
| 110      |               | IRTHPLACE (STATE OR FOREIGN OUNTRY)                  | 16. CITIZEN OF WHAT COUN  | MARRIED             | NEVER MARRIED                   | 9 BALTIMORE CI                        | TY OR COUNT              | TY OF DEATH          |                   |
| 100      |               | TIEVADA  | U.S.A.  | WIDOWED             |                                 |                                       | somer                    |                      | MD.               |
| PG.      | 10 C          | ITY OR TOWN OF DEATH                                 | <ol> <li>NAME OF HOSPITAL, NI<br/>JIF NOT IN SUCH FACILITY, GIVE</li> </ol> |                     | ROTHER INSTITUTION              | 120 USUAL OCCE<br>(TYPE OF WORK FOR M | PATION<br>OST OF WORKING |                      | F BUSINESS OR     |
| 5/0      |               | ROCKVILLE  |   |                     | SING HOME                       | HOUSE                                 | WIFE                     |                      |                   |
| 1 Cs     | 13a. S        | AL RESIDENCE (IF NURSING HOME OR<br>STATE 136 COUN   | OTHER INSTITUTION, GIVE RESIDENCE  NTY   136 CITY OR                        |                     | 13d. INSIDE CITY LIMITS?        | 13e STREET ADDR                       | ESS                      |                      |                   |
| 500      | _             | RYLAND MONTGO  | MERY SILV   |                     |                                 |                                       | BEAVERB                  | ROOK COU             | RT                |
| Dia C    | 14 FA         | ATHER'S NAME<br>FIRST                                | MIDDLE  |                     | 15. MOTHER'S MAIDEN NA<br>FIRST | WE                                    | DLE                      | tAS                  |                   |
| 150      |               | JOSEPH   | LIOTARD   |                     | VALARIE                         | MEI                                   | DDRESS                   | VERN                 | ET                |
| dico     |               | YES, NO OR UNKNOWN) (IF YES, GIVE                    | WAR OR DATES)   |                     | 17 INFORMANT                    |                                       |                          | 4.5                  |                   |
| E        |               | NO I   | 528   | -10-550A            | LOUIS N. CO                     | NROY :                                | SAME AS                  |                      | USBAND            |
| ±, t     | 100           | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) | D BY:   |                     | Cardina av                      | net                                   |                          | <b></b>              | MATE INTERVAL     |
| C eve    |               | IMMEDIAT   |   | essible             | carriac ar                      | KSL                                   |                          | 301                  | linutes           |
| tom.     |               | 7372   | DUE TO, OR ASIA CONS  | 104010100           | Cardinhace                      | Ina Dice                              | ase                      | 1/40141              | 110005            |
| tro      |               | Conditions, if ony, which gove rise to immediate     | (0)   | SCHENOTIC           | Carmorson                       | tak case                              | 100                      | riara                | Jears             |
| othe     |               | couse (a), stating the underlying couse last         | DUE TO, OR AS A CONS  | SEQUENCE OF         |                                 |                                       |                          |                      |                   |
| , or     |               | PART 2 OTHER SIGNIFICANT O                           | ONDITIONS CONTRIBUTING  | G TO DEATH BUT N    | OT RELATED TO THE TERM          | NNAL DISEASE OR                       | CONDITION G              | IVEN IN PART 10      | 2)                |
| unlun    | NO            |  |   |                     |                                 |                                       |                          |                      |                   |
| ou n     | CERTIFICATION | 190 DATE OF OPERATION                                | 19b. CONDITION FOR W  | HICH OPERATION      | WAS PERFORMED                   | 200 AUTOPSY?                          |                          | ES, WERE FINDIN      |                   |
| 300      | E             |  |   |                     |                                 | YES NO                                | _/                       | YES [                | NO 🗆              |
| 18 7     | Ü             | 210. ACCIDENT WAS UNDERLYING                         | 216. TIME OF INJURY   | H DAY YEAR          | 21c. HOW INJURY OCCUR           | RED (ENTER NATURE O                   | INJURY IN ITEM 18        | B, PART 1 OR PART 2) |                   |
| E /      | Z E           | OR CONTRIBUTING CAUSE OF DEA                         | P.M.  | 19                  |                                 |                                       |                          |                      |                   |
| To To    | MEDICAL       | 214 INJURY OCCURRED                                  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, O                        | OFFICE, FARM, ETC.) | 211 LOCATION<br>STREET          | CITY                                  | OR TOWN                  | COUNTY               | STATE             |
| orked    | 1             | WHILE AT WORK AT WORK                                |   | 1                   | 1                               | 7                                     | 1                        |                      |                   |
| is m     | - 11          | 220 I certify the (1) (this hospit                   | 11  | C                   | mper 1. 19 80                   | , to <u>Decen</u>                     |                          |                      | tho (I) (we) lost |
| n 21     |               | obove we did (did no                                 | t) view the body after death.   |                     | that in (my) (our) opinion      | death occurred on                     | he date and he           |                      |                   |
| If Her   |               | The SCINATURE O                                      | 100   | A. A                | EGREE ATTENDING                 | MEDICAL                               | STAFF                    | 22c. DIATE           | 10.               |
| 14       | 3             | Tunes CN   | vesony  | Mil                 | - PHYSICIAN                     | DIRECTOR P                            |                          | 144                  | 180               |
| KT /     |               | HAYSICIAN'S NAME (TYPE OF                            | PRINT)  |                     | 1112 P. V.                      | 11 0.11                               | Q V                      | 11 111               | 0.0-0             |
| MPORTANT |               | Hames t. Wil   | SON JK. MU  |                     | IIID NOCKVI                     | le rice,                              | Mocku                    | ile Md.              | 20857             |
|          | 23o. I        | BURIAL, CREMATION, REMOVAL<br>(SPECIFY)              |   |                     | METERY OR CREMATORY             | 23d. LOCATION                         | 1                        | COUNTY               | STATE             |
|          | 21.6          | BURIAL   | 12/29/80  | GATE OF             |                                 | SILVER !                              | SPRING                   | STREPS SIZE          | MD.               |
| 77       | 24. F         | UNERAL DIRECTO FRANCIS                               | J. COLLINSDORE  | ESS                 | 130-17                          | EREC'D GY BEGIS                       | 7AK 230. KOG             | Add All              | OVE               |

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DHMH - 16 50M 7/77 (VR A 15 (4))

500 UNIV. BLVD. W. SILVER SPRING MD.

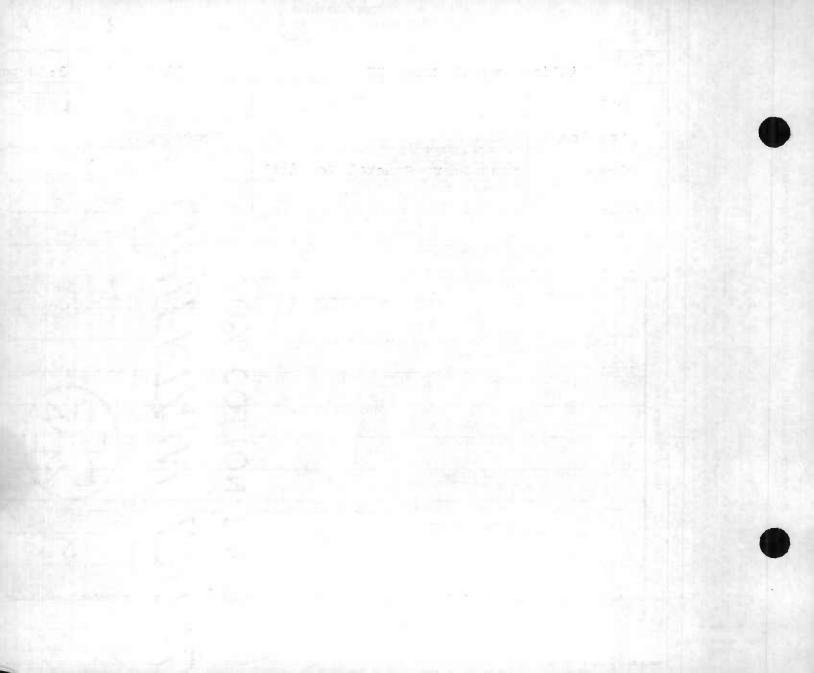
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and the second

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR Elgie Coolev 80 IF UNDER 1 YEAR 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY! 3. SEX 07 female 05 96 caucasian 70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH United State ARRIED | NEVER MARRIED | Washington, D.C. Montgomery County 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Suburban Hospital Homemaker USUAL RESIDENCE (IF NURSING HOLD OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 10558 Mac Arthur Blvd. 13d. INSIDE CITY LIMITS? Potomac YES TX Maryland Montgomer 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME UNKNOWN Coolev. Sr. Charles Barbara A. Cooley ADDRES 562 MacArthur 166 SOCIAL SECURITY NO. ARMED FORCES 15-54-7097 Blvd., Potomac, Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a FAIL 1724 Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS, Buch CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTHA DAY YEAR CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTOR OFFICE, FARM, ETC ] 220 I certify that (1) (1) cospital) attended the deceased from 90 saw the deceased alive an abave, N) (we) (old) (did not) jiew the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 11404 000 GEORGETOWN RO , POCKULLE M.O. · MARGOUSI 230 BURIAL, CREMATION, REMOVAL 230 DATE December NAME OF CEMETERY OR CREMATORY 23d LOCATION Monocacy Cemetery Bealsville BURIAL Mary land 29, 1980 14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH-16 30M 2/80 Homes, P.A., Bethesda, Maryland (VRA 15, 4)

#81.01 DR PS RL and the state of t And the state of t Maryland 1 Formonery Potentia X . T. T. Warring Mivd. T. The section of the section of April 201 107 1 Stand . Grant Total Control of the Standard . Later to the Standard . Control of THE CONTRACTOR OF THE PROPERTY OF THE PARTY mistant a silveli on order of the control of the co Lite one a barrier of the state of 

| 74.75 A 21100                    |               |   |  |             | E OF MARYLAND                          |  |   |                       |
|----------------------------------|---------------|---|--|-------------|--|--|---|-----------------------|
|                                  | 1.            | FOR<br>STATE<br>REGISTRAR   | DEPARTA  |             | EALTH AND MENTAL HYG<br>ICATE OF DEATH | REG. NO  | 3 2 4   | 5 9                   |
|                                  |               | CEASED NAME FIRST   | WIDDLE   | L           | AST                                    | 20 DATE OF DEATH                                 | NONTH DAY YEAR  | 2b. HOUR              |
| director pege 3 hour after death | (1            | Willia  | m Ernest Corey   | Y II        |  | 11   | 22 80   | 3:40 p                |
| 10                               | 3. SE         | x   | 4 RACE   | 5 DATE C    | OF BIRTH                               | 6. AGE (IN YEARS LAST BIRTH                      | MONTHS DAY  |                       |
|                                  |               | Male  | Dominican  | MONTH       | 1 2 <sup>0</sup> 2 80 YEAR             |  | YRS MONTHS DAY  | 1 50                  |
| No. No.                          |               | RTHPLACE (STATE OR FOREIGN  | 76 CITIZEN OF WHAT COUNTRY?  | 8<br>MARRIE | D NEVER MARRIED                        | 9 BALTIMORE CITY OR                              | COUNTY OF DEATH                                       |                       |
| 20                               |               | Maryland  | United States  | WIDOWE      |  | Montgo   | mery  | MD                    |
| P Giffed                         | 10. C         | Olney   | 11. NAME OF HOSPITAL, NURSIN<br>(AF NOT IN SUCH FACILITY. GIVE STREET.<br>MONTGOMERY GE    | ADDRESS)    |  | 12a USUAL OCCUPATIO<br>(TYPE OF WORK FOR MOST OF | WORKING LIFE) INDUSTR                                 | OF BUSINESS OR        |
| 3                                | USU.          | AL RESIDENCE (IF NURSING  | 136 CITY OR TOW  |             | 136 INSIDE CITY LIMITS?                |  |   |                       |
| ST I                             |               |   | tgomery Rockvil  |             | YES NO NO                              | 14427 Park                                       | vale Road #   | ;- #F7                |
| ine                              | _             | ATHER'S NAME  |  |             | 15. MOTHER'S MAIDEN NA                 | ME   |   |                       |
| 150                              |               | Thomas  | Bruce Corev  | 7           | 01ga                                   | WIDDLE   | Rosa  | ario                  |
| 00 1                             |               | VAS DECEASED EVER IN U.S. AR  | MED FORCES? 166 SOCIAL SECU  |             | 17 INFORMANT                           | ADDRES   |   |                       |
| medi                             | (             | None (1F YES, GIV   | E WAR OR DATES)  |             |  |  |   |                       |
| injury, or other traumatic       | NOI           | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D | ence of     | NOT RELATED TO THE TERM                | INAL DISEASE OR COND                             | ITION GIVEN IN PART                                   | 1(a)                  |
| shows any                        | CERTIFICATION | 190 DATE OF OPERATION   | 196 CONDITION FOR WHICH  | OPERATIO    | N WAS PERFORMED                        | 200 AUTOPSY?  YES NO                             | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUS<br>YES [ |                       |
| I SO                             |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE                                      | THE HEALTH AND MANAGEMENT OF   | AY YEAR     | 21c HOW INJURY OCCUR                   | RED (ENTER NATURE OF INJURY                      | IN ITEM 18, PART 1 OR PART 2                          | )                     |
| or Item                          | CA            | (IF EITHER, NOTIFY MEDICAL EXAMINER   | P.M. None  | 19          | No inju                                | ıry  | 1   |                       |
| marked ar                        | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, F                               | ARM, ETC.)  | 21f LOCATION<br>STREET                 | CITY OR TOWN                                     | N COUNTY  | STATE                 |
| s mo                             |               |   | tal) attended the deceased from_   |             |  | to   |   | _, that (I) (we) lost |
| 121                              |               | sow the deceased alive on<br>above, (1) (we) (did) (did no                                    | 19   | , an        | nd that in (my) (our) opinion          | death accurred on the dat                        | e and hour and from t                                 | he causes stated      |
| ANT: If Hen                      |               | 22d. PHYSICIAN'S NAME (TYPE O   | Orendy L   | Sel.        | ATTENDING PHYSICIAN                    | MEDICAL STAFF                                    | 27c. DA   | DE SIGNED             |
| MPORTANT                         |               | Albert Greens   |  |             |  | er Park Driv                                     | ve/Gaith. N   | 1D 20760              |
| 3                                | - 6           | BURIAL, CREMATION, REMOVAL<br>SPECIFY<br>Spital disposal                                      | 23b. DATE 23c h  | NAME OF C   | EMETERY OR CREMATORY                   | 23d. LOCATION<br>CITY OR TOWN                    | COUNTY  | STATE                 |
| 1/76                             | 24 F          | UNERAL DIRECTOR<br>NAME   | ADDRESS  |             |  | REC'D. BY REGISTRAR 2<br>N. 9. 1981              | Sb. REGISTRAR'S SIGN                                  |                       |



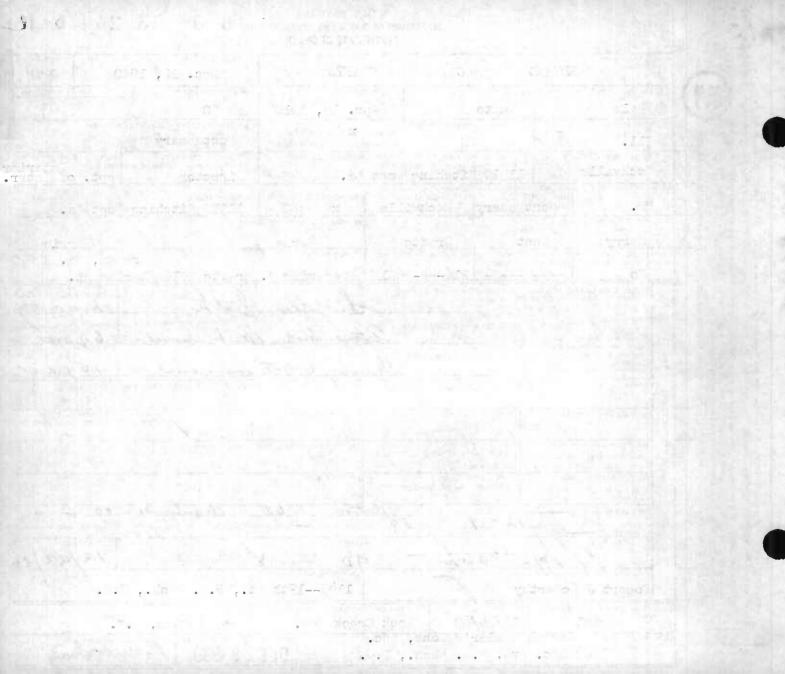
(VR A 15 (4) ) 9/74

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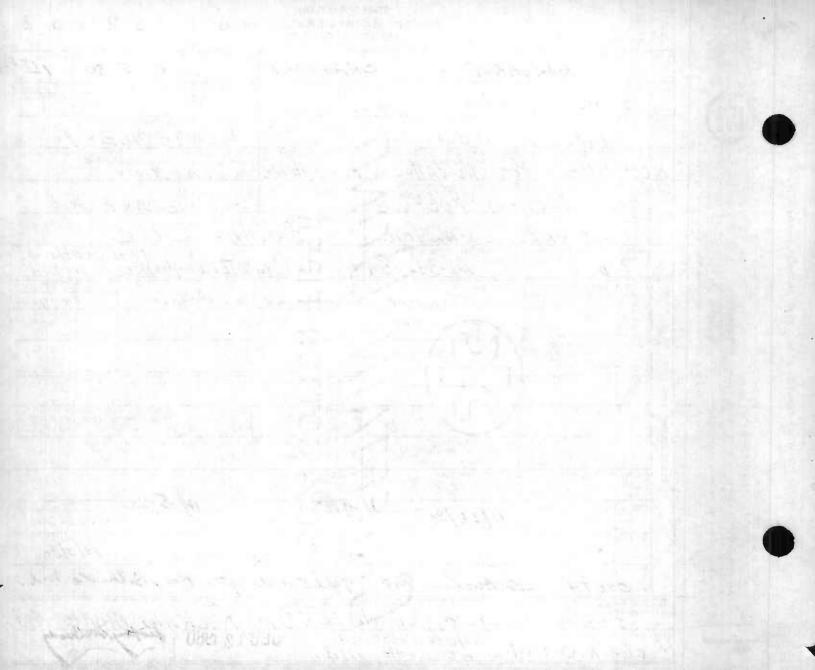
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



| 11                     |   |                                       |               | 100   |                 |                           |                     |                   | OF MARYLAND                         |               | 13                     | gi 26g           | wije           | 0                       | 6 0                                 |
|------------------------|---|---------------------------------------|---------------|---|-----------------|---------------------------|---------------------|-------------------|-------------------------------------|---------------|------------------------|------------------|----------------|-------------------------|-------------------------------------|
| 97                     |   |                                       | 1.            | FOR<br>STATE<br>REGISTRAR   |                 |                           | DEPART              |                   | EALTH AND MENICATE OF DEA           |               | NE &                   | REG. NO          | 3              | 6. "                    | 0 4                                 |
| 1                      |   |                                       |               | EASED NAME  | FIRST           | MIC                       | DIE                 | l.                | AST                                 |               | 20. DATE OF D          |                  | ONTH DA        | Y YEAR                  | 2b HOUR                             |
| . 1                    | Section 3   |                                       | (TYPE         | OR PRINT)   | MARG.           | ARET                      | -                   | c                 | RAW FO                              |               |                        |                  | 12 5           | 80                      | 115 4                               |
| 1                      |   | 1                                     | 3 SE          | Female  | 4 R             | BIAG                      | cK                  | 5 DATE C          | F BIRTH  DAY  1                     | 892           | AGE (IN YEAR           | 8 RS LAST BIRTH  |                | UNDER I YEAR            | IF UNDER 24 HRS                     |
| 0                      | W   | 36                                    |               | RIHPLACE (STATE OR FOR OUNTRY) Md,  | REIGN 76.       | CITIZEN OF WI             | S.A.                | MARRIEI<br>WIDOWE | NEVER MAR                           | RIED          | MO                     | NTO              | COUNTY C       | F DEATH                 | / MD.                               |
| 01<br>s offer          | by the furified with                              | 90                                    | R             | OCKVILLE  | 7               |                           | OSPITAL, NURSI      | ADDRESS)          | ROTHER INSTITUT                     |               | 20 USUAL OC            |                  | WORKING LIFE)  | 12b. KIND O<br>INDUSTRY | F BUSINESS OR                       |
| ND 212                 | filled in<br>ould be f                            | 35                                    | 13a S         | L RESIDENCE (IF NURSING   | HOME OR OTHER   | ER INSTITUTION GI         | VE RESIDENCE BEFORE | DILLE             | 13d. INSIDE CITY I                  |               | 30. STREET AD          |                  | 1              | ck A                    | lue,                                |
| MARYLA<br>ed within    | mpletely<br>and 2 sh                              | 50                                    | 14 FA         | THER'S NAME FIRST   | en Zo           | CK                        | PAWto               | and               | 15 MOTHER'S MA                      | Ber           | tha                    | MIDDLE           | OUE            | LAS                     |                                     |
| MORE, I                | Pages 1   | l legicol                             |               | (AS DECEASED EVER IN  | U.S. ARMED      |                           | 30-34-              | URITY NO. 4504    | Melvin                              | Cra           | wtone                  | ADDRES           | 9 774<br>EW RO | H SCO                   | Hand Dr                             |
| D1 W. PRESTON ST., BAL | d by the attending physiciense remove carbonpapei | or other troomone event, in           |               | 18 CAUSE OF DEATH PARTI. DEATH WAS IN Canditians, if any, v gove rise to immedicate (a), stating underlying cause | which diote the | Y: AUSE (a)  DUE TO, OR A | AS A CONSEOU        | ine hu            | etas tas                            | ris           | Ca. Fo                 | mea              | , _            |                         | MATE INTERVAL NOSET AND DEATH       |
| RECORDS, 2             | s been signe<br>ermit. Then p                     | S and injury, is                      | CERTIFICATION | PART 2 OTHER SIGNIF   |                 |                           |                     |                   | NOT RELATED TO                      |               | 200 AUTOPS             |                  | 20b. IF YES,   | WERE FINDIN             | IGS USED                            |
| /ITAL                  | ysician.  | Nous o                                | CERTIF        | 21a. ACCIDENT WAS UNDER   | LYING           | 21b. TIME OF I            |                     |                   | 21c. HOW INJUR                      | Y OCCURRE     |                        | RE OF INJURY     | YES            |                         | NO 🗌                                |
| NOF                    | certific<br>priotre                               |                                       | MEDICAL       | OR CONTRIBUTING CAL<br>(IF EITHER NOTIFY MEDICAL<br>21d. INJURY OCCURRED  | EXAMINER)       | HOUR A.M.                 |                     | AY YEAR           | -                                   |               |                        |                  |                |                         |                                     |
| DIVISION<br>NG PHYS    | frer this   | D D D D D D D D D D D D D D D D D D D | ME            | WHILE NOT WHILE AT WORK   |                 | 21e. PLACE OF             | FACTORY OFFICE,     | FARM, ETC )       | 211. LOCATION<br>STREET             |               |                        | CITY OR TOW      | N              | COUNTY                  | STATE                               |
| TTENDIN                | CTOR: Al  | S I IS MO                             |               | 22a.l certify that (I) (the<br>sow the deceased<br>above, (I) (we) (did   | olive on        | 11/2                      | 6/8019              | , an              | <b>7/80</b> , 1 d that in (my) (aur | r) apinian de | , ta<br>ath accurred ( | an the dot       | e and hour     | -                       | that (I) (we) last<br>couses stated |
| TAL OR                 | y the ha  | E                                     |               | 22b. SIGNATURE  |                 | Sin                       |                     |                   | PHYS                                | NDING SICIAN  | MEDICAL<br>DIRECTOR    | STAFF<br>PHYSICI |                | 22c. DATE               | 5/80                                |
| V G HOSPI              |   | A LOK A                               |               | 27d. PHYSICIAN'S NAM  |                 | EKAGO                     | *                   | MD                | 7425                                | arl           | ington                 | Rd               | " Bu           | tunda                   | md.                                 |
| 078                    | BP  |                                       | 23a E         | URIAL, CREMATION, RESPECIFY BURIA   | MOVAL 2         | 3b. DATE 12-9-            | 80 L                | NAME OF CI        | METERY OR CREA                      | Cem.          | THE LOCATE             | ON               | 160            | Mont                    | g Md                                |
|                        | H-16 30M 2/80<br>(VRA 15, 4)                      |                                       | 24/4          | NERAL DIRECTOR  | Snow            | 10,12                     | 46 Nores            | UASh.             | STI                                 | 250 325       | RE TO ZEV 14           | 80 40            | profe          | 7/100                   | hody                                |



Noncy Logen Gromwell F & 180 3 % Tenzy June Times Maryland USA. AZU bootgamery Rockville +304 Banft Springs St. Student Md Mont Rowille - V 4309 Banff Spring CH Stephen Cluster Crombell, In Brately Jane Learny 212-88-7044 S.C. Cremwell In Recovery Mil OW Mespiratory acrest 5min sample iduate) TANKS. March, 23, 1979 Gleoblastoma 1 12 - 2 = 30 PI TIANSIM OF E-SI THE MILETER TO THE WAR TO SEE THE STATE OF THE SECOND S William I Hall, M.D. 615 W. Montgomers Ave Rockeille Md. 888 8 03d